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AMSARA

Accession Medical Standards
Analysis & Research Activity



Attrition & Morbidity Data for 2015 Accessions

Annual Report 2016



Accession Medical Standards Analysis & Research Activity 2016 Annual Report

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Executive Summary

The Accession Medical Standards Analysis and Research Activity (AMSARA) has completed its twentieth year of providing the Department of Defense with evidence-based evaluations of accession medical standards. AMSARA evaluates medical standards and retention programs to improve military readiness by maximizing both the accession and retention of motivated and capable recruits. This report provides abstracts from manuscripts submitted for peer review and descriptive data on fiscal year (FY) 2015 accessions.

Section 1 of this report, Publications, presents abstracts for manuscripts submitted for peer review. One manuscript is currently under review at Military Medicine. Three manuscripts are currently in press at Occupational Medicine (London), American Journal of Sports Medicine, and American Journal of Preventive Medicine. One manuscript compares two analytic approaches for examining the relationship between accession characteristics and risk of attrition in the accessed population. Two manuscripts focus on the Assessment of Recruit Motivation and Strength (ARMS) population, examining risk of asthma and healthcare utilization in this cohort. The final manuscript focuses on the population of accessions who took the Tailored Adaptive Personality Assessment System (TAPAS) test, studying the risk of musculoskeletal injuries in this population.

Section 2 of this report includes the descriptive statistics AMSARA compiles and publishes annually for historical and reference value. Descriptive statistics are for applicants who enlisted in FY15 and are compared to the five-year aggregate data from FY 2010-2014. Data are collected while the recruits are in their first year of service. By convention, the annual report is dated for the first complete year after enlistment (FY 2016). Comparisons can be made both between services and between enlisted components (active, reserve, National Guard).

Approximately 250,000 active, reserve, and National Guard enlisted applicants were examined for medical fitness at Military Entrance Processing Stations (MEPS) in 2015, compared to approximately 308,000 per year average from 2010 to 2014. Among active component applicants at MEPS between 2010 and 2015, about 20% were medically disqualified, 8% applied for an accession medical waiver, 6% were approved for a medical waiver, and 74% accessed. Reserve component applicants at MEPS had a 20% medical disqualification rate, 7% waiver application rate, 5% waiver approval rate, and 67% accession rate. Among National Guard applicants at MEPS the medical disqualification rate was 24% and the accession rate was 71%. Accession medical waiver data is currently incomplete for National Guard applicants.

In 2015, there were approximately 207,000 active, reserve, and National Guard enlisted accessions as compared to an average of 220,000 per year in the period from 2010 to 2014. Among active component accessions between 2010 and 2015, 13% accessed with a history of medical disqualification, 6% accessed with a waiver, and 2% were hospitalized in the first year of service. When examining discharges among active component accessions between 2010 and 2014, 2% of accessions had a discharge for conditions that existed prior to service (EPTS), 0.29% had a disability discharge in the first year of service, and 11% experienced

attrition in the first year of service. In reserve accessions between 2010 and 2015, 13% accessed with a previous medical disqualification, 5% accessed with a medical waiver, and 1% were hospitalized in the first year of service. About 1% of reserve accessions had an EPTS discharge and 0.13% had a disability discharge in the first year of service. Among National Guard accessions between 2010 and 2015, 15% accessed with a history of medical disqualification and 0.10% were hospitalized in the first year of service. About 1% of National Guard accessions had an EPTS discharge and 0.12% had a disability discharge in the first year of service. Attrition rates in the reserve component and National Guard are underestimated due to the high prevalence of interservice separation codes (ISC) indicating that the reason for the discharge was unknown.

Approximately 15% of 2010-2014 applicants for active component enlisted service were initially disqualified for service due to permanently disqualifying medical conditions, and another 5% received temporary disqualifications for conditions that could be remediated. Such recruits, however, are less likely to ultimately become service members, with approximately 50% of applicants with permanent disqualifications and 54% of applicants with temporarily disqualifying conditions subsequently gained onto active component, compared to 80% of fully qualified recruits who accessed. In 2015, disorders of refraction and accommodation (i.e. visual impairment) were the most common reason for medical disqualification in the active and reserve component. Visual impairment surpassed body weight as the leading reason for medical disqualification for the first time in 2012 and has remained the leading reason for medical disqualification in subsequent years. Overweight/obesity and nondependent abuse of cannabis, both historically common temporary disqualifications, continued to decrease compared to previous years.

Accession medical waivers are considered by each service for applicants with a disqualifying medical condition. Accordingly, the conditions most frequently considered for a waiver closely reflect the most common permanently disqualifying conditions. In total, about 15,000 applications for accession medical waivers were considered in 2015 in the Army and Air Force. Army waiver applications in 2015 decreased relative to previous years. Data on waiver applications in the Navy and Marine Corps for FY 2015 were not reported in time to meet the publication deadline for this annual report. The percentage of waivers approved varies substantially by the medical condition being considered, with overall approval percentages ranging from 60% to over 90% for the most commonly applied for and most highly approved waivers. Differences in approval percentages between the services may reflect differences in the applicant pools, different distributions of conditions being considered for waiver, or different needs of each service.

Hospitalization data are provided for the period from 2010 to 2015. In 2015, there were approximately 2,000 hospitalizations among enlistees (all services) in the first year of service. The rate of first year hospitalization in 2015 was lower than the rate observed in 2010-2014. The top reasons for hospitalization within the first year of service among 2015 accessions were mental disorders, pneumonia and influenza, and infections of the skin and subcutaneous tissue. In the second year of service, the frequency of hospitalizations for childbirth increased dramatically when compared to the first year of service, with childbirth the most common reason for hospital admission in the second year. For first-time active duty enlistees who

accessed in 2010-2015, Army and Marine Corps enlistees had the highest risk of hospitalization. Navy enlistees had the lowest risk of hospitalization. Women, whites, those over 25 years of age at the time of enlistment, those with lower military aptitude score on the Armed Forces Qualification Test (AFQT), and those with a permanent or temporary medical disqualification were at higher risk for hospitalization.

All-cause attrition of first-time active duty recruits following 90, 180, 365, and 730 days of service is also described. At two years, the Army had the highest rate of attrition for all services (approximately 17%), while the Marine Corps had the lowest (about 11%). Female sex, white race, older age at the time of enlistment, lower educational attainment, lower percentile score on the AFQT, and having a permanent or temporary medical disqualification were all characteristics associated with higher attrition.

Discharges of recent enlistees for medical conditions that existed prior to service are a costly problem for all branches of the military, and are considerably more common than data indicate. Documentation of EPTS discharges is requested from each Initial Entry Training (IET) site by US Military Entrance Processing Command (USMEPCOM) but this reporting is not required by service regulations. The total numbers of reported discharges have varied over time and by training base.

Past AMSARA studies have shown that the great majority of EPTS discharges are for medical conditions that were not discovered or disclosed at the time of application for service, with concealment by the applicant being the most common scenario. Accordingly, the primary problem of EPTS discharges appears to be the bypassing of accession medical standards rather than the implementation of those standards. Psychiatric conditions, orthopedic conditions, and asthma continue to be the most common causes of EPTS discharges reported to USMEPCOM. Risk of EPTS discharge varies by service, with those in the Army having the lowest risk and Navy the highest. Increased risk of EPTS discharge is observed for females, recruits without a high school education at accession, recruits who scored in the lower AFQT percentile score groups, and recruits with a medical disqualification.

Disability evaluation is infrequent among new enlistees, with less than one percent of enlistees being considered for such a discharge within the first year of service. The rate of disability evaluation has decreased over the period 2010-2015. The most common disability evaluations during the first year of service for 2010 to 2015 accessions were for diseases of the spine, skull, limbs, and extremities, in all services. Other common conditions prompting disability evaluation in the first year of service included prosthetic implants and diseases of the musculoskeletal system, psychiatric, and neurologic disorders. Risk of evaluation for disability discharge in the first year of service was highest in the Army and lowest in the Navy. Characteristics associated with increased risk of disability evaluation include being female, white, aged over 30 at time of accession, having a lower AFQT score, and medical disqualification.

AMSARA is committed to further development of evidence-based medical standards to enable the DoD to enlist the highest quality applicants in a cost-effective manner, thereby

ensuring a healthy, fit, and effective force. The following programmatic recommendations are based on nearly 20 years of research:

1. Various databases must be improved. For example, waiver data do not provide sufficient clinical detail such as severity, duration and prognosis to allow analyses of waiver decision criteria. Similarly, discharge data do not provide the medical diagnosis for separations for medical reasons, thereby precluding any direct analysis of the reasons for medical separations unrelated to disability.
2. EPTS classification and reporting from the IET sites to USMEPCOM, which is still passive, should be mandated and standardized by DoD/service regulations. Analysis would be enhanced with conversion from paper to digital records.
3. AMSARA should develop expertise in cost-benefit analyses in order to better advise DoD medical standards policy makers.
4. AMSARA should continue prospective and retrospective cohort studies similar to the Assessment of Recruit Motivation and Strength (a study evaluating those who exceed Army body fat standards using a physical fitness test on accession) that challenge current accession standards. MEPS-based studies, including assessments of the Omaha 5 and the Tailored Adaptive Personality Assessment System (TAPAS), that are outcome oriented (morbidity, occupational qualification and performance, deployability, and attrition) in the area of physical and mental fitness, including motivation to serve, should be prioritized.
5. Rather than study accession medical standards in isolation, medical standards across the continuum of a service member's life-cycle should be analyzed using evidence-based principles. This would include medical standards for deployment and retention, in addition to accession medical standards. In FY 2009 at the direction of Assistant Secretary of Defense, Health Affairs, Clinical Program and Policy AMSARA began to systematically evaluate each service's Disability Evaluation System. The first annual Disability Evaluation Systems Analysis and Research report was published for FY 2010, with subsequent reports since that time.

Introduction to the Accession Medical Standards Analysis & Research Activity

The Medical-Personnel Executive Steering Committee (formerly the Accession Medical Standards Steering Committee) was established by the Under Secretary of Defense (Personnel and Readiness) to integrate the medical and personnel communities so they could provide policy guidance and establish standards for accession requirements. These standards would stem from evidence-based information provided by analysis and research. The committee is co-chaired by the Deputy Assistant Secretary of Defense (Military Personnel Policy) and the Principal Deputy Assistant Secretary of Defense (Health Affairs) and comprises representatives from the Office of the Assistant Secretary of Defense (Force Health Protection and Readiness), Office of the Assistant Secretary of Defense (Clinical and Program Policy), Office of the Assistant Secretary of Defense (Reserve and Manpower Personnel), Office of the Assistant Secretary of Defense (Civilian Personnel Policy), Offices of the Service Surgeons General, Offices of the Service Deputy Chiefs of Staff for Personnel, and Health and Safety Directorate (Department of Homeland Security, U.S. Coast Guard).

The Accession Medical Standards Working Group is a subordinate working group that reviews accession medical policy issues contained in DoD Instruction 6130.03, entitled “Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces.” This group is composed of representatives from each of the offices listed above.

AMSARA was established in 1996 within the Division of Preventive Medicine at Walter Reed Army Institute of Research. AMSARA support the efforts of the Medical-Personnel Executive Steering Committee and the Accession Medical Standards Working Group. The mission of AMSARA is to support the development of evidence-based medical standards by guiding the improvement of medical and administrative databases, conducting epidemiologic analyses, and integrating relevant operational, clinical, and economic considerations into policy recommendations. AMSARA has the following seven key objectives:

1. Validate current and proposed standards utilizing existing databases (e.g., should asthma as a child be disqualifying?);
2. Incorporate prospective research studies to challenge selected standards (e.g., are body weight standards adequate measures of fitness?);
3. Validate assessment techniques (e.g., improve current screening tools);
4. Perform quality assurance (e.g., monitor geographic variation);
5. Optimize assessment techniques (e.g., develop attrition and morbidity prediction models);
6. Track impact of policies, procedures, and waivers;
7. Recommend changes to enhance readiness, protect health, and save money.

INTRODUCTION

Military staffing to support this effort includes MAJ Michael Boivin, Chief, Department of Epidemiology, Preventive Medicine Branch.

AMSARA is augmented with contract support through ManTech Health. Staff in 2015 included Dr. David N. Cowan, Program Manager; Elizabeth Packnett, Principal Public Health Analyst; Nadia Garvin, Christine Toolin, Michelle Yancey, and Yuwei Zhang, Public Health Analysts; Xiaoshu Feng, Statistician; and Janice Gary, Senior Task Supervisor (Admin).

Relationship between Medical, Demographic, and Military Characteristics at Accession and Attrition: a Comparison of Two Different Analytic Approaches

David N. Cowan, PhD, MPH; Ricardford R. Connor, MPH; Yuwei Zhang, PhD, MPH;
Michael R. Boivin, MD, MPH

Military Medicine, Under Review

Objective: To identify pre-enlistment risk factors (RF) for attrition using two comparative analytic approaches at two different follow-up periods (0-180 days and 181 days to 3 years).

Methods: The study included 265,331 non-prior service Army active duty men entering between 1 October 2002 and 30 September 2008, followed for up to three years for attrition. Proportional hazards (PH) and Poisson regression (PR) models were generated to calculate attrition hazard ratios (HR) and incidence rate ratios (IRR).

Results: By the end of follow-up, 20% attrited, 60% deployed, 5% separated for non-attrition causes, and 15% remained in service without deployment. RF varied in direction and magnitude between follow-up periods, and included age, race, body mass index (BMI), education, AFQT, and medical qualification status. For most RF and both follow-up periods, HR and IRR were very similar.

Conclusions: Because RF varied between periods, caution must be used in interpreting the impact of RF on attrition. PH and PR models resulted in estimates of HR and IRR that were very similar. Because PR requires fewer assumptions and can be interpreted as the incidence rate (events/person time), it should be considered when analyzing epidemiologic data that utilizes time at risk.

Fitness, Obesity, and Risk of Asthma among Army Trainees

Nadia Urban, MHS; Michael R. Boivin, MD, MPH; David N. Cowan, PhD, MPH

Occupational Medicine (London), In press

Objective: To evaluate new-onset asthma diagnoses during the first two years of Army service and associations with fitness and excess body fat at military entrance.

Methods: Between 2005 and 2006, Army recruits at six different military entrance stations were required to take a pre-accession fitness test including a 5-minute step test. Demographics and new asthma diagnoses were analyzed. Poisson regression models were used to determine factors associated with two-year asthma diagnosis.

Results: Among the 9,979 weight-qualified (WQ) and 1,117 excess body fat (EBF) study subjects with no prior history of asthma, there were 256 new cases of asthma diagnosed within two years of military entry. Low level of fitness (as defined by the step test) and excess body fat were associated with a significant increase in asthma diagnosis (adjusted IRR, 1.47; 95% CI, 1.11-1.96 and adjusted IRR, 1.53; 95% CI, 1.06-2.20, respectively).

Conclusion: Individuals with low fitness levels and/or excess body fat are at significantly higher risk of acquiring asthma in the first two years of military service.

Excess Stress Fractures, Musculoskeletal Injuries and Healthcare Utilization among Unfit and Overweight Female Army Trainees

Margot R. Krauss, MD, MPH; Nadia U. Garvin, MHS; Michael R. Boivin, MD, MPH;
David N. Cowan, PhD, MPH

American Journal of Sports Medicine, In press

Objective: To determine the incidence of and excess healthcare utilization for stress fractures (STFX) and non-STFX (NSTFX) and overuse musculoskeletal injuries (MSI), during the first six months of service by sex, fitness, and body fat.

Methods: All applicants to the Army were required to take a pre-accession fitness test during the study period (February 2005 through September 2006). The test included a five-minute step test scored as pass or fail. Body mass index (BMI) was recorded at application. Incidence of and excess healthcare utilization for MSI including STFXs and physical therapy visits during the first 183 days of military service were compared between fit and unfit female recruits and between excess body fat (EBF) and weight qualified (WQ).

Results: NSTFX incidence and excess healthcare utilization rate ratios among unfit versus fit recruits were 1.32 (95% confidence interval (CI): 1.14, 1.53) and 1.18 (1.10, 1.27), respectively, and among EBF recruits compared to WQ were 1.27 (1.07, 1.50) and 1.20 (1.11, 1.31), respectively. Incidence of STFX and excess health care utilization rate ratios comparing unfit and fit recruits were 1.62 (1.19, 2.21) and 1.22 (1.10, 1.36), respectively, and comparing EBF to WQ were 0.79 (0.49, 1.28) and 1.44 (1.20, 1.72), respectively.

Conclusion: The results indicate a significantly increased risk of MSI, including STFXs among unfit recruits and increased risk of non-STFX MSI among EBF recruits. Once injured, female recruits who were WQ but unfit, and those who were fit but EBF had increased health care utilization. These findings may have implications for military accession and training policy as downsizing of military services will make it more important than ever to optimize the health and performance of individual service members.

Non-Cognitive Personality Assessment Dimensions and Risk of Stress Fracture and other Musculoskeletal Injuries among U.S. Army Trainees

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American Journal of Preventive Medicine, In press

Objective: To determine the associations between Tailored Adaptive Personality Assessment System (TAPAS) dimension scores and risk of musculoskeletal injuries (MSI).

Methods: Fifteen TAPAS dimension scores for 15,082 U.S. Army entering military service in 2010 were provided by the U.S. Army Research Institute for Social and Behavioral Sciences. During 2013-2015, the associations between TAPAS dimension scores (as a continuous variable) and injuries in the first 6 months of service were evaluated using logistic regression, with the measure of association the odds ratio (OR).

Results: The TAPAS Physical Conditioning dimension was associated with MSI and stress fractures among both men (MSI: OR=0.83 (95% CI=0.79, 0.86); stress fracture: OR=0.68 (95% CI=0.57, 0.80)) and women (MSI: OR=0.77 (95% CI=0.70, 0.85); stress fracture: OR=0.60 (95% CI=0.43, 0.82)). No other dimensions were both significantly and consistently associated with either injury.

Conclusion: The TAPAS Physical Conditioning dimension is a strong predictor of MSI and stress fracture among male and female U.S. Army trainees, and may serve as a pre-accession screen for self-reported physical activity.

Descriptive Statistics for Enlisted Service Applicants and Accessions

The characteristics of the source populations applying for enlisted service in the active, reserve, and National Guard components of the military are described from fiscal year 2010 to fiscal year 2015. The characteristics of the accessed populations are compared; subsequent attritions are also shown. Individuals identified as having prior service in any U.S. military component are excluded. An *applicant* is the individual who presents to a Military Entrance Processing Station (MEPS) for evaluation for acceptance into military service. An enlistee *accession* is the individual who has signed his or her oath of enlistment.

Except where otherwise noted, the following conventions apply:

- All references to year refer to fiscal year (FY).
- The “Accessions” shown in the following tables are from among the “Applicants” shown in the relevant preceding column. For example, columns showing fiscal year 2015 accessions are summarizing accessions only among individuals who applied for service in fiscal year 2015. Notation is made when complete follow-up is not available.
- Only data through fiscal year 2015 are included. Therefore, numbers and percentages gained (i.e. accessions) among applicants in 2015 refer only to those gained through September 30, 2015.
- To derive percentages and rates, data sets were merged at the individual level by Social Security Number (SSN). For example, in determining the percentage of individuals gained in 2015 who received a discharge, only discharges with a SSN matching a 2015 accession record SSN were included.
- Under the subsections titled “Active Component Applicants and Accessions,” “Reserve Component Applicants and Accessions,” “National Guard Component Applicants and Accessions,” and “Medical Waivers,” education level and age were obtained at the time of MEPS application because MEPS data are the only source of these variables for applicants. For subsections titled “Hospitalizations,” “Attrition,” “EPTS Discharges,” and “Disability Discharges with an Accession Record,” age, education level, and Armed Forces Qualification Test (AFQT) score at time of accession are used. Under the Delayed Entry Program, the application process can occur up to 2 years before the actual accession takes place.
- Temporary medical disqualifications are for conditions that can be corrected, such as being overweight or recently using marijuana; these individuals may enter the military without a waiver after the condition is corrected. Permanent medical disqualifications are for all other disqualifying conditions described in DoD Instruction 6130.03.

- Beginning in the FY 2008 Annual report, the way International Classification of Diseases, 9th revision (ICD-9) codes are summarized was revised in order to establish more uniform granularity over the range of ICD-9 codes reported for MEPS disqualification and waivers. This was done by selecting a subset of codes based on expert opinion that were exceptionally broad and reporting them to four digits rather than three (summarized in Table 1). For example, code 493 is specific to asthma whereas 733 denotes a diverse array of bone and cartilage disorders, which include osteoporosis, pathologic fractures, bone cysts, and aseptic necrosis. Please note, when a majority of codes examined out to the fourth digit do not have a fourth digit (either due to insufficient information at time of coding or to errors), it is possible to have a three-digit code appear in the leading 20 medical conditions tables, even though the raw codes were examined out to the fourth digit. Such codes are treated as a distinct category and are in no case to be considered a parent term if a more specific code is present. For example, the ICD-9 groups specified by 785 and 785.0 are mutually exclusive categories and the latter is not a subset of the former.

TABLE 1: LIST OF ICD-9 CODING GROUPS SUMMARIZED TO THE FOURTH DIGIT

ICD-9 [†]	Condition
305	Nondependent abuse of drugs
306	Physiological malfunction arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
718	Other derangement of joint
719	Other and unspecified disorders of joint
724	Other and unspecified disorders of back
726	Peripheral enthesopathies and allied syndromes
733	Other disorders of bone and cartilage
746	Other congenital anomalies of heart
754	Certain congenital musculoskeletal deformities
756	Other congenital musculoskeletal anomalies
780	General symptoms
783	Symptoms concerning nutrition, metabolism, and development
784	Symptoms involving head and neck
785	Symptoms involving cardiovascular system
795	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings
796	Other nonspecific abnormal findings

[†] Differences in the level of coding specificity (3-digit vs. 4-digit) over time can lead to misleadingly large disparities in the incidence estimates for particular disease or condition categories when comparing current year data to the previous 5-year period.

Summary Statistics for Applicants and Accessions for Enlisted Service

Tables 2 -4 show the rates of medical disqualification, waiver application, waiver approval, and accession of the enlisted applicant population between 2010 and 2015 by fiscal year of physical exam. Applicants are restricted to Army, Navy, Marine Corps, and Air Force applicants and rates are stratified by component. Applicants may appear in more than one table if they applied to more than one component. However, for each component, each applicant is only counted once. Applicants were considered disqualified if they had an International Classification of Diseases, 9th revision (ICD-9) or other medical failure (OMF) code listed in their US Military Entrance Processing Command Integrated Resource System (USMIRS) application record. Waiver applicants and approvals were included if an individual applied for or was approved for a waiver in the 730 days following their physical exam. Only waiver applications and approvals from the service applied to were included. Similarly, applicants were counted as accessions if they accessed into the same service they applied and the accession date followed the physical exam date.

Medical disqualification (DQ), waiver, and accession rates are shown in Table 2 for enlisted active component applicants by year for all services. Overall, about 19% of applicants received either a temporary or permanent medical disqualification. The proportion of active component applicants with a medical disqualification has remained relatively consistent in the period from 2010 to 2015 with between 19% and 21% receiving a medical disqualification. In the period from 2010 to 2015, approximately 7% of active component applicants apply for a medical waiver and roughly 5% of active component applicants are approved for a medical waiver. Though Marine Corps waiver data was reported to AMSARA for 2010, 2011, and 2014 these data were incomplete and were unavailable for 2015. Additionally, Navy medical waiver data for 2014 and 2015 were not available at the time of publication. Therefore, estimates of waiver application and approval rates among active component applicants should be considered underestimates. The accession rate of active component applicants has remained relatively consistent throughout the time period from 2010 to 2014 with between 74% and 77% of applicants accessing. Accession rates of 2015 applicants are not reported due to insufficient follow-up time.

TABLE 2: DISQUALIFICATION, WAIVER, AND ACCESSION RATES FOR ENLISTED ACTIVE COMPONENT APPLICANTS AT MEPS WHO RECEIVED A MEDICAL EXAMINATION BY YEAR: ALL SERVICES

	Applicant (n)	DQ (n)	DQ (%)	Waiver Apply (n)	Waiver Apply (%)	Waiver Approve (n)	Waiver Approve (%)	Access (n)	Access (%)
2010 [†]	215,319	41,392	19.2	16,264	7.6	11,169	5.2	158,239	73.5
2011 [†]	200,730	38,216	19.0	15,857	7.9	10,857	5.4	150,197	74.8
2012	199,244	37,942	19.0	17,713	8.9	12,663	6.4	152,482	76.5
2013	205,299	42,226	20.6	18,615	9.1	13,844	6.7	156,651	76.3
2014 [†]	177,753	36,050	20.3	11,421	6.4	8,203	4.6	131,941	74.2
2015 ^{†§}	188,904	34,992	18.5	7,852 [†]	4.2	5,562 [†]	2.9	-	-
Total	1,187,249	230,818	19.4	87,722	7.4	62,298	5.2	749,510	75.1

DQ: Disqualification; Access: Accessions

[§]Accessions among 2015 applicants not calculated due to lack of sufficient follow-up time.

[†] Waiver data were underreported by the Marine Corps for 2010, 2011, and 2014 and not received for 2015. Waiver data were unavailable for the Navy in 2014 and 2015. Therefore, 2010, 2011, 2014 and 2015 waiver counts and percentages should be considered underestimates.

Table 3 shows medical disqualification, waiver, and accession rates for enlisted reserve component applicants by year of physical exam for all services. Overall, about 20% of applicants received either a temporary or permanent medical disqualification. The proportion of reserve component applicants with a medical disqualification has remained relatively stable during this time period from 2010 to 2015 with disqualification rates remaining between 19% and 21%. About 7% of reserved applicants apply for a medical waiver and roughly 5% of reserved applicants are approved for a medical waiver. The rate of waiver applications and approvals in 2010-2011 are lower than 2012-2013, but are slightly higher than 2014. The large apparent difference in waivers is associated with missing waiver records from the Marine Corps in 2010 and 2011. Additionally, Navy and Marine Corps medical waiver data for 2014 and 2015 were not available at the time of publication. Therefore, estimates of waiver application and approval rates among active component applicants should be considered underestimates. The accession rates of reserve component applicants were highest during 2011 (70%) and 2014 (71%) and lowest for 2012-2013 (63-64%).

TABLE 3: DISQUALIFICATION, WAIVER, AND ACCESSION RATES FOR ENLISTED RESERVE COMPONENT APPLICANTS AT MEPS WHO RECEIVED A MEDICAL EXAMINATION BY YEAR: ALL SERVICES

	Applicant (n)	DQ (n)	DQ (%)	Waiver Apply (n)	Waiver Apply (%)	Waiver Approve (n)	Waiver Approve (%)	Access (n)	Access (%)
2010 [†]	35,546	7,149	20.1	2,274	6.4	1,653	4.7	24,127	67.9
2011 [†]	37,869	7,563	20.0	2,546	6.7	1,794	4.7	26,653	70.4
2012	34,146	6,937	20.3	2,647	7.8	1,936	5.7	21,500	63.0
2013	34,956	7,487	21.4	2,803	8.0	2,164	6.2	22,349	63.9
2014 [†]	33,601	6,916	20.6	2,051	6.1	1,508	4.5	23,796	70.8
2015 ^{†§}	31,771	5,868	18.5	1,325 [†]	4.2	1,003 [†]	3.2	-	-
Total	207,889	41,920	20.2	13,646	6.6	10,058	4.8	118,425	67.2

DQ: Disqualification; Access: Accessions

[§]Accessions among 2015 applicants not calculated due to lack of sufficient follow-up time.

[†] Waiver data were underreported by the Marine Corps for 2010, 2011, and 2014 and not received for 2015. Waiver data were unavailable for the Navy in 2014 and 2015. Therefore, 2010, 2011, 2014 and 2015 waiver counts and percentages should be considered underestimates.

Table 4 shows medical disqualification and accession rates for enlisted National Guard applicants by year of physical exam for all services. Overall, about 23% of applicants received either a temporary or permanent medical disqualification. The proportion of National Guard applicants with a medical disqualification has decreased during this time period from 27% in 2010 to 21% in 2015. The accession rate of National Guard component applicants has remained relatively consistent throughout the time period from 2010 to 2012 with between 74% and 78% of applicants accessing. In 2013, the accession rate among National Guard applicants was much lower (55%) than observed in the period from 2010 to 2012 (74-78%), but increased again in 2014 (80%). Accession rates of 2015 applicants are not reported due to insufficient follow-up time. Medical waiver data are not available for National Guard applicants.

TABLE 4: DISQUALIFICATION, WAIVER, AND ACCESSION RATES FOR ENLISTED NATIONAL GUARD APPLICANTS AT MEPS WHO RECEIVED A MEDICAL EXAMINATION BY YEAR: ARMY AND AIR FORCE

	Applicant (n)	DQ (n)	DQ (%)	Access (n)	Access (%)
2010	55,108	13,741	24.9	42,095	76.4
2011	46,685	10,766	23.1	36,234	77.6
2012	52,150	11,689	22.4	38,817	74.4
2013	54,409	13,160	24.2	30,158	55.4
2014	52,209	11,951	22.9	41,710	79.9
2015 [§]	45,773	9,534	20.8	-	-
Total	306,334	70,841	23.1	189,014	72.5

DQ: Disqualification; Access: Accessions

[§]Accessions among 2015 applicants not calculated due to lack of sufficient follow-up time.

Tables 5-7 show the rates of medical disqualification, waiver approval, existed prior to service (EPTS) discharge, hospitalization, disability discharge, and attrition of the enlisted accessed population between 2010 and 2015 by fiscal year of accession. Accessions are restricted to Army, Navy, Marine Corps, and Air Force applicants and rates are stratified by component. Accessions were considered disqualified if they had an ICD-9 or OMF code listed in their MIRS application record. Waiver records were available from 2010-2015 for the Army and Air Force. Marine Corps waiver data were incomplete in 2010 and 2011. Additionally, Navy and Marine Corps had not provided waiver records for 2014 and 2015 at time of publication. Therefore, waiver application and approval rates for 2010, 2011, 2014 and 2015 should be considered underestimates. Waiver approvals were included if an individual was approved for a waiver in the 730 days following their physical exam. Only waivers from the service accessed to were included. Similarly, EPTS discharges were restricted to discharges that occurred in the first 180 days of service from the service and component of accession. Hospitalization, disability, and attrition were restricted to events that occurred in the first 365 days of service where the service and component at time of event (i.e. hospitalization, disability, or attrition) matched the service and component at accession.

Medical disqualification, waiver, EPTS discharge, hospitalization, disability discharge, and attrition rates are shown in Table 5 for enlisted active component accessions by year for all

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services. Overall, about 13% of accessions received either a temporary or permanent medical disqualification. The proportion of accessions with a history of either a permanent or temporary medical disqualification has remained relatively stable from 2010 to 2015. Waiver approval rates were about 6% overall in the active component accessed population. EPTS discharges occurred in about 2% of active component accessions and have varied from 1-3% from 2010 to 2014. Overall, about 2% of active component accessions are hospitalized in the first year of service; the proportion of active component accession hospitalized in the first year of service has decreased between 2010 and 2015. Disability discharges in the first year of service occurred in 0.25% of active component accessions and the rate of disability discharge decreased from 0.36% in 2010 to 0.26% in 2014. Attrition in the first year of service has remained relatively stable in the period from 2010 to 2014, occurring in about 11-12% of accessions.

Table 6 shows medical disqualification, waiver, EPTS discharge, hospitalization, disability discharge, and attrition rates for enlisted reserve component accessions by year of accession. However, attrition rates presented for enlisted reserve accessions are likely underestimated as the majority of discharges from enlisted reserve service are accompanied by an interservice separation code (ISC) that indicates the reason for separation was unknown and thus not considered attrition by AMSARA (see Table 46). Overall, about 13% of accessions received either a temporary or permanent medical disqualification. About 5% of reserve component accessions access with a medical waiver. The rate of waivers in the accessed reserve population was relatively consistent before increasing slightly in 2013 and 2014. Overall, EPTS rates in reserve component accessions were about 1%. Hospitalization in the first year of service occurred in about 1% of reserve component accessions and has varied between 0.8% and 1.6% of total reserve accessions. Hospitalization rates in the first year of reserve service are likely underestimated relative to the active component because hospitalizations outside of Military Treatment Facilities are not included in this report. Overall, 0.5% of reserve accessions are disability discharged in the first year of service and the rate of disability discharge in the first year appear to be decreasing in the period from 2010 to 2015. The attrition rate in the first year of service in the reserve component was consistently between 4% and 5% during this time period.

Table 7 shows medical disqualification, EPTS discharge, hospitalization, disability discharge, and attrition rates for enlisted National Guard component accessions by year of accession. However, attrition rates presented for enlisted National Guard accessions are likely underestimated as the majority of discharges from enlisted National Guard service are accompanied by an ISC that indicates the reason for separation was unknown and thus not considered attrition by AMSARA (see Table 46). Medical waiver data are not available for National Guard accessions. Overall, about 15% of applicants received either a temporary or permanent medical disqualification. The proportion of National Guard applicants with a medical disqualification has remained relatively consistent during this time period from 16% in 2010 to 14% in 2015. Overall, EPTS rates in National Guard accessions were about 1%. Hospitalization in the first year of service occurred in 1% of National Guard accessions and has varied between 0.8% and 1.2% of total National Guard accessions. Hospitalization in the first year of service occurred in 1% of National Guard accessions and has varied between 0.5% and 1.3% of total National Guard accessions. Hospitalization rate in the first year of National Guard service are likely underestimated relative to the active component because hospitalizations outside of

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Military Treatment Facilities are not included in this report. Overall, disability discharge in the first year of service occurred among 0.10% of National Guard accessions and has decreased from 0.19% in 2010 to 0.08% in 2014. The rate of attrition in the first year of service in the National Guard component remained between 0.20% and 0.32% during the period between 2010 and 2014.

INTRODUCTION PUBLICATIONS **SUMMARY** APPLICANTS/ACCESSIONS DQS WAIVERS
HOSPITALIZATIONS ATTRITION EPTS DISABILITY DATA SOURCES CHARTER ACRONYMS

TABLE 5: DISQUALIFICATION, WAIVER, EPTS, HOSPITALIZATION, DISABILITY, AND ATTRITION RATES AMONG ENLISTED ACTIVE COMPONENT ACCESSIONS BY YEAR: ALL SERVICES

	Accession (n)	DQ (n)	DQ (%)	Waiver Approved (n)	Waiver Approved (%)	EPTS (n)	EPTS (%)	Hosp (n) [†]	Hosp (%)	Disability (n) [†]	Disability Discharge (%)	Attrition (n) [†]	Attrition (%)
2010	159,768	21,642	13.5	9,293	5.8	3,792	2.4	4,287	2.7	575	0.36	17,749	11.1
2011	152,683	18,974	12.4	8,805	5.8	4,141	2.7	4,098	2.7	456	0.30	16,766	11.0
2012	155,694	19,022	12.2	9,627	6.2	3,348	2.2	3,791	2.4	384	0.25	18,122	11.6
2013	165,967	22,349	13.5	13,030	7.9	1,852	1.1	3,842	2.3	479	0.29	19,047	11.5
2014	140,016	20,232	14.4	9,754	7.0	1,207	0.9	3,380	2.4	363	0.26	16,360	11.7
2015 [§]	146,557	19,945	13.6	7,000	4.8	-	-	1,833	1.3	-	-	-	-
Total	920,685	122,164	13.3	57,509	6.2	14,340	1.9	21,231	2.3	2,257	0.29	88,044	11.4

DQ: Disqualifications; EPTS: Existed Prior to Service Discharges; Hosp: Hospitalizations

[§]EPTS, disability, and attrition not calculated for 2015 accessions due to lack of sufficient follow-up time.

[†]In the first 365 days of service.

TABLE 6: DISQUALIFICATION, WAIVER, EPTS, HOSPITALIZATION, DISABILITY, AND ATTRITION RATES AMONG ENLISTED RESERVE COMPONENT ACCESSIONS BY YEAR: ALL SERVICES

	Accession (n)	DQ (n)	DQ (%)	Waiver Approved (n)	Waiver Approved (%)	EPTS (n)	EPTS (%)	Hosp (n) [†]	Hosp (%)	Disability (n) [†]	Disability Discharge (%)	Attrition (n) [†]	Attrition (%)
2010	28,347	3,740	13.2	1,227	4.3	404	1.4	240	0.9	52	0.18	1,322	4.7
2011	30,488	3,841	12.6	1,407	4.6	450	1.5	495	1.6	43	0.14	1,255	4.1
2012	24,323	3,201	13.2	1,183	4.9	162	0.7	361	1.5	20	0.08	1,034	4.3
2013	21,292	2,877	13.5	1,283	6.0	149	0.7	266	1.3	30	0.14	1,073	5.0
2014	24,677	3,526	14.3	1,448	5.9	120	0.5	324	1.3	29	0.12	1,284	5.2
2015 [§]	24,824	3,087	12.4	912	3.7	-	-	212	0.9	-	-	-	-
Total	153,951	20,272	13.2	7,460	4.8	1,285	1.0	1,898	1.2	174	0.13	5,968	4.6

DQ: Disqualifications; EPTS: Existed Prior to Service Discharges; Hosp: Hospitalizations

[§]EPTS, disability, and attrition not calculated for 2015 accessions due to lack of sufficient follow-up time.

[†]In the first 365 days of service.

TABLE 7: DISQUALIFICATION, WAIVER, EPTS, HOSPITALIZATION, DISABILITY, AND ATTRITION RATES AMONG ENLISTED NATIONAL GUARD ACCESSIONS BY YEAR: ARMY AND AIR FORCE

	Accession (n)	DQ (n)	DQ (%)	EPTS (n)	EPTS (%)	Hosp (n) [†]	Hosp (%)	Disability (n) [†]	Disability Discharge (%)	Attrition (n) [†]	Attrition (%)
2010	46,183	7,194	15.6	744	1.6	371	0.8	88	0.19	112	0.24
2011	40,258	5,748	14.3	669	1.7	477	1.2	49	0.12	117	0.29
2012	42,134	5,759	13.7	290	0.7	455	1.1	24	0.06	93	0.22
2013	28,695	4,515	15.7	100	0.3	322	1.1	36	0.13	92	0.32
2014	43,384	6,835	15.8	45	0.1	503	1.2	34	0.08	87	0.20
2015 [§]	37,886	5,349	14.1	-	-	173	0.5	-	-	-	-
Total	238,540	35,400	14.8	1,848	0.9	2,301	1.0	231	0.12	511	0.25

DQ: Disqualifications; EPTS: Existed Prior to Service Discharges; Hosp: Hospitalizations

[§]EPTS, disability, and attrition not calculated for 2015 accessions due to lack of sufficient follow-up time.

[†]In the first 365 days of service.

Applicants and Accessions

Active Component Applicants and Accessions

Tables 8 and 9 describe the population of applicants who received a medical examination and subsequent accessions for active component enlisted service in the Army, Navy, Marine Corps and Air Force. Individuals were counted once, either in the component and service in which they access, or for applicants who did not access, in the service and component applied to on their most recent date of application. Applicants for enlisted service who subsequently accessed as officers (as indicated by a pay grade of O01-06), were included as applicants, but excluded from accessions.

Table 8 shows the number of applicants for enlisted service, the accession counts and rates within one year and within two years of application, and the overall accession rate, by year for 2010-2015. Regulations state that accessions must occur within one year of application, although it is fairly common for applicants to request and to be granted a one-year extension. Due to the lack of full two-year follow-up data for 2014 applicants and one-year and two-year follow-up for 2015 applicants, the corresponding accession rates and overall rates were underestimated. The total number of applicants and accessions were highest in 2010 and lowest in 2014. Accession rates within one and two years of application were lowest for 2010 and highest during 2012 and 2013.

TABLE 8: ACCESSION RATE FOR ENLISTED ACTIVE COMPONENT APPLICANTS AT MEPS WHO RECEIVED A MEDICAL EXAMINATION IN 2010-2015: ALL SERVICES

Year of exam	Applicants (n)	Within 1 year of application (n)	Within 1 year of application (%)	Within 2 years of application (n)	Within 2 years of application (%)	Total Accessed (n)	Overall Accessed (%)
2010	215,319	142,419	66.1	157,242	73.0	158,239	73.5
2011	200,730	136,590	68.0	149,290	74.4	150,197	74.8
2012	199,244	140,781	70.7	152,217	76.4	152,482	76.5
2013	205,299	144,331	70.3	156,564	76.3	156,651	76.3
2014	177,753	123,490	69.5	131,941	74.2 [†]	131,941	74.2 [†]
2015	188,904	79,851	42.3 [†]	79,851	42.3 [†]	79,851	42.3 [†]
Total Applicants	1,187,249	767,462		827,105		829,361	

[†]The proportion of applicants who accessed was underestimated due to lack of sufficient follow-up data since only accessions through 2015 are reported in the above table.

Table 9 shows demographic characteristics (at time of application) and accession rates for the applicant pools in 2010-2014 and 2015. Most applicants in 2015 were male (80%), aged 17-20 years (70%), and white (71%). In 2015, most applicants had a high school diploma or higher (80%). However, nearly one-fifth of applicants in 2015 had not completed high school at the time of application (19%) compared to 12% the previous five years; most were in the Delayed Entry Program (DEP) and completed high school prior to accession. Graduation from high school prior to accession among applicants who were high school seniors at the time of application accounts for much of the difference in education noted when comparing 2015 applicants and accessions. In 2015, over two-third of applicants scored in the 50th percentile or higher for Armed Forces Qualification Test (AFQT) score (70%). The percentage of fully qualified applicants in 2015 was similar to that observed in 2010-2014 (82% and 80%, respectively). The percentage of temporary disqualified applicants in 2015 was slightly lower than observed in 2010-2014 (4% versus 5%, respectively). The percentage of female applicants and accessions in 2015 was slightly higher than observed in the previous five-year period (20% versus 19% in 2010-2014 and 19% versus 17% in 2010-2014, respectively). The percentage of applicants between the ages of 17 and 20 was marginally larger in 2015 than in 2010-2014 (70% and 68%, respectively). In 2015, the percentage of white applicants and accessions was slightly less than in previous years (71% versus 73% in 2010-2014 and 72% versus 74% in 2010-2014, respectively). In 2015, the distribution of AFQT scores differed slightly from the distribution of AFQT scores in the previous five years. In 2015, a lower percentage of applicants scored in the 50th percentile or higher (70%) relative to the previous five years (73%). The observed decrease in applicants corresponded to a drop in accessions scoring in the 50th percentile or higher (71% versus 76% in 2015 and 2010-2014, respectively). The percentage of fully qualified accessions observed in 2015 was slightly higher than that observed in 2010-2014 (89% and 87%, respectively).

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TABLE 9: DEMOGRAPHIC CHARACTERISTICS OF ENLISTED ACTIVE COMPONENT APPLICANTS WHO RECEIVED A MEDICAL EXAMINATION IN 2010-2014 VS. 2015: ALL SERVICES

	2010 – 2014				2015			
	Applicants		Accessions		Applicants		Accessions	
	n	%	n	%	n	%	n	%
Sex[§]								
Male	813,211	81.5	621,868	83.0	151,506	80.3	64,742	81.1
Female	184,844	18.5	127,642	17.0	37,188	19.7	15,109	18.9
Age Group at MEPS[§]								
17 – 20	676,479	67.8	525,275	70.1	131,811	69.8	56,486	70.7
21 – 25	248,739	24.9	179,642	24.0	44,820	23.7	19,050	23.9
> 25	73,102	7.3	44,584	5.9	12,269	6.5	4,315	5.4
Race[§]								
White	727,223	72.8	551,089	73.5	134,155	71.0	57,710	72.3
Black	171,592	17.2	131,455	17.5	34,711	18.4	16,064	20.1
Other	99,530	10.0	66,966	8.9	20,038	10.6	6,077	7.6
Education[§]								
Below HS Senior [†]	3,891	0.4	2,234	0.3	1,282	0.7	32	<0.1
HS Senior	118,501	11.9	71,743	9.6	35,767	18.9	6,069	7.6
HS Diploma	731,813	73.3	579,742	77.3	128,236	67.9	65,346	81.8
Some College	65,640	6.6	50,585	6.7	8,892	4.7	4,101	5.1
Bachelor's and above	78,500	7.9	45,206	6.0	14,727	7.8	4,303	5.4
AFQT Score[§]								
93 – 99	68,278	6.8	53,485	7.1	11,157	5.9	4,606	5.8
65 – 92	388,096	38.9	303,653	40.5	69,058	36.6	29,857	37.4
50 – 64	273,348	27.4	212,304	28.3	51,179	27.1	22,385	28.0
30 – 49	226,471	22.7	168,246	22.4	47,805	25.3	21,998	27.5
11 – 29	8,419	0.8	1,399	0.2	2,367	1.3	245	0.3
< 11 [‡]	146	<0.1	14	<0.1	36	<0.1	0	0.0
Missing	33,587	3.4	10,409	1.4	7,302	3.9	760	1.0
Medical Status								
Fully Qualified	802,519	80.4	650,014	86.7	153,912	81.5	71,056	89.0
Permanent DQ	149,367	15.0	74,409	9.9	27,467	14.5	6,794	8.5
Temporary DQ	46,459	4.7	25,087	3.3	7,525	4.0	2,001	2.5
Total	998,345	100.0	749,510	100.0	188,904	100.0	79,851	100.0

MEPS: Military Entrance Processing Station; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

[‡] Individuals scoring in the 10 percentile or lower are prohibited from applying, therefore, the observed accessions most likely reflect data capture errors.

Reserve Component Applicants and Accessions

Tables 10 and 11 describe the characteristics of applicants for the enlisted reserve component of the Army, Navy, Marine Corps, and Air Force. These results include only civilians with no prior service applying for the reserve component and do not include direct accessions from active component military. Individuals were counted only once, either in the component and service in which they access, or for applicants who did not access, in the component and service applied to on their most recent day of application. Reserve applicants who subsequently accessed as officers (as indicated by a pay grade at gain of O01-06), were included as applicants, but excluded from accessions.

Table 10 shows the number of applicants for the reserve component, the accession counts and rates within one year and two years of application, and overall accession counts and rates, by year for 2010-2015. Regulations state that accessions must occur within one year of application, although it is fairly common for applicants to request and to be granted a one-year extension. Due to the lack of full two-year follow-up data for 2014 applicants and one-year and two-year follow-up for 2015 applicants, the corresponding accession rates were underestimated. Applicant numbers increased slightly from 2010 to 2011 and remained consistent from 2012 to 2014. The accession rates of reserve applicants within one and two years of application were lowest during 2012 (60% and 63%, respectively) and highest in 2014 (69% and 70%, respectively).

TABLE 10: ACCESSION RATE FOR ENLISTED RESERVE COMPONENT APPLICANTS AT MEPS WHO RECEIVED A MEDICAL EXAMINATION IN 2010-2015: ALL SERVICES

Year of exam	Applicants (n)	Within 1 year of application (n)	Within 1 year of application (%)	Within 2 years of application (n)	Within 2 years of application (%)	Total Accessed (n)	Overall Accessed (%)
2010	35,546	23,103	65.0	24,123	67.9	24,127	67.9
2011	37,869	25,902	68.4	26,634	70.3	26,653	70.4
2012	34,146	20,428	59.8	21,485	62.9	21,500	63.0
2013	34,956	21,437	61.3	22,342	63.9	22,349	63.9
2014	33,601	23,232	69.1	23,796	70.8 [†]	23,796	70.8 [†]
2015	31,771	18,188	57.2 [†]	18,188	57.2 [†]	18,188	57.2 [†]
Total Applicants	207,889	132,290		136,568		136,613	

[†]The proportion of applicants who accessed was underestimated due to lack of sufficient follow-up data since only accessions through 2015 are reported in the above table.

Table 11 describes the demographic characteristics (at time of application) and accession rates for reserve component applicants in 2010-2014 and 2015. The demographic profile of reserve component applicants in 2015 was largely consistent with the demographic profile of accessions over the same time periods. Three quarter of applicants in 2015 were male (75%), approximately two-third between the ages of 17 and 20 (67%), and white (65%, excluding applicants who declined to provide their racial status and those with missing records). In 2015, 59% of applicants had a high school diploma and over two-thirds scored in the 50th to 99nd percentile for AFQT score (68%). The proportion of applicants in 2015 who were classified as high school senior was higher than the previous five years (22% versus 16% in 2010-2014). The distribution of AFQT score among applicants and accessions in 2015 was similar to that observed in 2010-2014. This increase in the percent of high school senior applicants corresponded to a decrease in the percentage of applicants with a high school diploma and some college in 2015 (59% and 6%, respectively) relative to the previous five years (65% and 9%, respectively). The percentage of fully qualified applicants in 2015 is similar to the percentages observed from 2010 to 2014 (82% and 80% respectively). In 2015 (14%) of applicants were considered permanently medically disqualified compared to (15%) from the previous five years; this slight decrease was consistent with a decrease in the percent of accessions who were permanently disqualified over the same time periods (8%) relative to the previous five years (9%). The percentage of fully qualified accessions in 2015 was slightly higher to that observed in 2010-2014 (90% and 87% respectively).

TABLE 11: DEMOGRAPHIC CHARACTERISTICS OF ENLISTED RESERVE COMPONENT APPLICANTS WHO RECEIVED A MEDICAL EXAMINATION IN 2010-2014 VS. 2015: ALL SERVICES

	2010 – 2014				2015			
	Applicants		Accessions		Applicants		Accessions	
	n	%	n	%	n	%	n	%
Sex[§]								
Male	135,596	77.0	92,171	77.8	23,814	75.0	13,497	74.2
Female	40,483	23.0	26,253	22.2	7,935	25.0	4,691	25.8
Age Group at MEPS[§]								
17 – 20	116,042	65.9	80,662	68.1	21,191	66.7	12,581	69.2
21 – 25	40,189	22.8	26,019	22.0	6,811	21.4	3,716	20.4
> 25	19,882	11.3	11,741	9.9	3,769	11.9	1,891	10.4
Race[§]								
White	122,343	69.5	83,907	70.9	20,529	64.6	11,889	65.4
Black	38,591	21.9	25,350	21.4	7,498	23.6	4,347	23.9
Other	15,184	8.6	9,168	7.7	3,744	11.8	1,952	10.7
Education[§]								
Below HS Senior [†]	5,955	3.4	5,029	4.2	1,234	3.9	1,012	5.6
HS Senior	27,794	15.8	20,278	17.1	6,978	22.0	4,136	22.7
HS Diploma	113,746	64.6	75,202	63.5	18,854	59.3	10,501	57.7
Some College	15,917	9.0	10,647	9.0	1,897	6.0	1,075	5.9
Bachelor's and above	12,706	7.2	7,269	6.1	2,808	8.8	1,464	8.0
AFQT Score[§]								
93 – 99	11,074	6.3	7,427	6.3	1,913	6.0	1,059	5.8
65 – 92	66,048	37.5	46,130	39.0	11,715	36.9	6,938	38.1
50 – 64	45,611	25.9	31,131	26.3	8,083	25.4	4,669	25.7
30 – 49	49,128	27.9	32,916	27.8	9,334	29.4	5,490	30.2
11 – 29	2,938	1.7	596	0.5	477	1.5	21	0.1
< 11 [‡]	119	0.1	51	<0.1	9	<0.1	0	0.0
Missing	1,200	0.7	174	0.1	240	0.8	11	0.1
Medical Status								
Fully Qualified	140,066	79.5	102,739	86.8	25,903	81.5	16,292	89.6
Permanent DQ	26,943	15.3	11,140	9.4	4,503	14.2	1,376	7.6
Temporary DQ	9,109	5.2	4,546	3.8	1,365	4.3	520	2.9
Total	176,118	100.0	118,425	100.0	31,771	100.0	18,188	100.0

MEPS: Military Entrance Processing Station; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

[§] Individuals with missing values for demographic variables are included in the total.[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.[‡] Individuals scoring in the 10 percentile or lower are prohibited from applying, therefore, the observed accessions most likely reflect data capture errors.

Army and Air National Guard Applicants and Accessions

Tables 12 and 13 describe the characteristics of applicants in the enlisted National Guard of the Army and Air Force. The Navy and Marine Corps do not have a National Guard component. These results include only civilians with no prior service applying for the National Guard and do not include direct accessions from active component military. Individuals were counted only once, either in the component and service in which they access, or for applicants, in the service and component applied to on their most recent day of application. National Guard applicants who subsequently accessed as officers (as indicated by a pay grade at gain of O01-06), were included as applicants, but excluded from accessions.

Table 12 shows the number of applicants for the National Guard, the accession counts and rates within one year and two years of application, and overall accession counts and rates, by year for 2010-2015. Regulations state that accessions must occur within one year of application, although it is fairly common for applicants to request and to be granted a one-year extension. Due to the lack of full two-year follow-up data for 2014 applicants and one-year and two-year follow-up for 2015 applicants, the corresponding accession rates and overall rates were underestimated (see note below Table 12). In 2011 the number of National Guard applicants dropped before increasing in 2012 to counts previously observed and the trend continued in 2013 and 2014 National Guard applicants. The accession rate of National Guard applicants within one year of application dropped in 2013 to 54% from 73% in 2012. The reason for the significant drop in the accession rate in 2013 remains unclear. The accession rate within one year of application was highest the following year in 2014 (79%). Accession rates of applicants at the one and two year mark were similar to overall accession rates.

TABLE 12: ACCESSION RATE FOR ENLISTED NATIONAL GUARD COMPONENT APPLICANTS AT MEPS WHO RECEIVED A MEDICAL EXAMINATION IN 2010-2015: ARMY AND AIR FORCE

Year of exam	Applicants (n)	Within 1 year of application (n)	% Within 1 year of application (%)	Within 2 years of application (n)	Within 2 years of application (%)	Total Accessed (n)	Overall Accessed (%)
2010	55,108	41,243	74.8	42,089	76.4	42,095	76.4
2011	46,685	35,627	76.3	36,220	77.6	36,234	77.6
2012	52,150	38,113	73.1	38,806	74.4	38,817	74.4
2013	54,409	29,252	53.8	30,118	55.4	30,158	55.4
2014	52,209	41,272	79.1	41,710	79.9 [†]	41,710	79.9 [†]
2015	45,773	33,779	73.8 [†]	33,779	73.8 [†]	33,779	73.8 [†]
Total Applicants	306,334	219,286		222,722		222,793	

[†] The proportion of applicants who accessed was underestimated due to a lack of sufficient follow-up data since only accessions through 2015 are reported in the above table.

Table 13 describes the demographics characteristics (at the time of application) and accession rates for National Guard applicants in 2010-2014 and 2015. In 2015, three-quarters of applicants were male (75%) and over two-thirds were aged 17-20 (69%). Most National Guard applicants in 2015 were white (73%), whose highest attained education (at application) was a high school diploma (57%). The percentage of male applicants in 2015 was 75%, slightly lower than 77% observed in 2010-2014. In 2015, the percentage of applicants between the ages of 17 and 20 was larger than in 2010-2014 (69% and 66%, respectively). In 2015, a slightly smaller percentage of whites applied for service than in previous years (73% versus 76% in 2010-2014) which corresponded to a small increase in black applicants (21% versus 19% in 2010-2014). In 2015, a slightly lower percentage of applicants to National Guard had a high school diploma to the previous five year period (57% versus 60% in 2010-2014). This decrease corresponded to an increase in the percent of applicants who were high school seniors in 2015 (23% versus 18% in 2010-2014). The percentage of applicants with some college decreased from 7% in 2010-2014 to 5% in 2015. The distribution of sex, race and education among applicants was similar to that observed in accessions. In 2015, the distribution of AFQT scores was similar to what was observed in the previous five years. Most applicants in 2015 were classified as medically qualified (79%); the percentage increased slightly from (77%) for the previous five years. In 2015 (7%) of applicants were considered temporary medically qualified compared to (8%) from the previous five years; this slight decrease was consistent with a decrease in the percent of accessions who were temporarily disqualified over the same time periods (5%) relative to the previous five years (6%). The percentage of fully qualified accessions in 2015 was higher to that observed in 2010-2014 (88% and 85%, respectively).

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TABLE 13: DEMOGRAPHIC CHARACTERISTICS OF ENLISTED NATIONAL GUARD APPLICANTS WHO RECEIVED A MEDICAL EXAMINATION IN 2010-2014 VS. 2015: ARMY AND AIR FORCE

	2010 – 2014				2015			
	Applicants		Accessions		Applicants		Accessions	
	n	%	n	%	n	%	n	%
Sex[§]								
Male	201,615	77.4	147,715	78.2	34,223	74.8	25,743	76.2
Female	58,893	22.6	41,299	21.8	11,538	25.2	8,036	23.8
Age Group at MEPS[§]								
17 – 20	172,680	66.3	129,323	68.4	31,642	69.1	24,254	71.8
21 – 25	59,100	22.7	41,016	21.7	9,456	20.7	6,590	19.5
> 25	28,775	11.0	18,669	9.9	4,675	10.2	2,935	8.7
Race[§]								
White	198,271	76.1	147,872	78.2	33,447	73.1	25,204	74.6
Black	48,247	18.5	33,421	17.7	9,787	21.4	7,011	20.8
Other	14,043	5.4	7,721	4.1	2,539	5.5	1,564	4.6
Education[§]								
Below HS Senior [†]	22,152	8.5	17,463	9.2	4,068	8.9	3,342	9.9
HS Senior	47,458	18.2	37,825	20.0	10,302	22.5	8,179	24.2
HS Diploma	157,187	60.3	110,279	58.3	26,223	57.3	18,738	55.5
Some College	18,040	6.9	13,036	6.9	2,284	5.0	1,595	4.7
Bachelor's and above	15,724	6.0	10,411	5.5	2,896	6.3	1,925	5.7
AFQT Score[§]								
93 – 99	15,398	5.9	11,651	6.2	2,636	5.8	1,996	5.9
65 – 92	87,617	33.6	67,293	35.6	14,682	32.1	11,479	34.0
50 – 64	62,785	24.1	47,024	24.9	10,133	22.1	7,857	23.3
30 – 49	83,091	31.9	59,574	31.5	15,002	32.8	11,482	34.0
11 – 29	10,396	4.0	3,252	1.7	3,083	6.7	925	2.7
< 11 [‡]	131	0.1	1	<0.1	45	0.1	0	0.0
Missing	1,143	0.4	219	0.1	192	0.4	40	0.1
Medical Status								
Fully Qualified	199,254	76.5	160,342	84.8	36,239	79.2	29,736	88.0
Permanent DQ	39,937	15.3	17,157	9.1	6,247	13.6	2,457	7.3
Temporary DQ	21,370	8.2	11,515	6.1	3,287	7.2	1,586	4.7
Total	260,561	100.0	189,014	100.0	45,773	100.0	33,779	100.0

MEPS: Military Entrance Processing Station; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

[‡] Individuals scoring in the 10 percentile or lower are prohibited from applying, therefore, the observed accessions most likely reflect data capture errors.

Disqualifications

Table 14 shows the most common medical disqualifications (according to the ICD-9 code assigned to each disqualifying condition) among enlisted active component service applicants for 2010 to 2014 in aggregate, and separately for 2015. Within this table, the number of disqualifications for a given condition is provided, along with the proportion of disqualified applicants with the condition and the prevalence of the disqualification among all applicants. These conditions are ranked according to the number of disqualifications in 2015. Some disqualified individuals have more than one disqualifying medical condition, however, applicants are counted only once per condition.

The most frequent disqualifying condition in 2015 was disorders of refraction and accommodation, a permanent disqualification that requires an accession medical waiver. Disorders of refraction and accommodation accounted for a notably larger proportion of disqualifications in 2015 applicants (16%) as compared to applicants in the previous five years (12%). The prevalence rates of disqualifications for disorders of refraction and accommodation was also higher in 2015 (3,056 per 100,000 applicants) compared to applicants in the previous five years (2,347 per 100,000 applicants). The next most common condition was obesity and other hyperalimentation, a temporary condition, which has remained relatively consistent to the previous five years (11%). The third most common reason for medical disqualification was abnormal loss of weight and underweight status, a temporary condition, which increased slightly in 2015 (7%) compared to the previous five year period (6%). Disqualifications for *Cannabis* abuse in 2015 (5%) was slightly higher relative to the previous five year period (4%).

TABLE 14: MEDICAL DISQUALIFICATION OF FIRST-TIME ACTIVE COMPONENT ENLISTED APPLICANTS BY ALL ICD-9 CODES IN 2010-2014 VS. 2015: ALL SERVICES

Condition [†]	2010-2014			2015		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Disorders of refraction and accommodation	23,427	12.0	2,347	5,295	16.1	3,056
Obesity and other hyperalimentation	21,016	10.7	2,105	3,628	11.1	2,094
Abnormal loss of weight and underweight	10,936	5.6	1,095	2,369	7.2	1,367
Certain adverse effects, not elsewhere classified	12,120	6.2	1,214	1,894	5.8	1,093
Hyperkinetic syndrome of childhood	7,332	3.7	734	1,714	5.2	989
<i>Cannabis</i> abuse	7,902	4.0	792	1,640	5.0	946
Neurotic disorders	6,158	3.1	617	1,472	4.5	849
Hearing loss	7,046	3.6	706	1,169	3.6	675
Other joint derangement, not elsewhere classified	4,670	2.4	468	1,070	3.3	617
Asthma	6,044	3.1	605	1,037	3.2	598
Total applicants at MEPS	998,345			188,904		
Total disqualified applicants	195,826			34,992		

[†] Condition categories are not mutually exclusive.[‡] Indicates the percentage of medically disqualified MEPS applicants with the specified condition.[§] Indicates the number of individuals with the specified condition for every 100,000 applicants screened at MEPS.

Table 15 shows the most common medical disqualifications (according to the ICD-9 code assigned to each disqualifying condition) among enlisted reserve component service applicants for 2010 to 2014 in aggregate, and separately for 2015. The most frequent disqualifying condition in 2015 was disorders of refraction and accommodation. Disorders of refraction and accommodation accounted for a notably larger proportion of disqualifications in 2015 applicants (16%) compared to applicants in the previous five year period (13%). The prevalence of disqualifications for disorders of refraction and accommodation was also higher in 2015 (2,889 per 100,000 applicants) compared to applicants in the previous five year period (2,681 per 100,000 applicants). The next most common condition was obesity and other hyperalimentation (13%), which slightly decreased relative to the previous five year period (14%). The third most common reason for medical disqualification was abnormal loss of weight and underweight status (7% in 2015), which decreased slightly from the previous five year period (6%). Disqualifications for *Cannabis* abuse in 2015 (3%) was similar relative to the previous five years.

TABLE 15: MEDICAL DISQUALIFICATION OF FIRST-TIME RESERVE COMPONENT ENLISTED APPLICANTS BY ALL ICD-9 CODES IN 2010-2014 VS. 2015: ALL SERVICES

Condition [†]	2010-2014			2015		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Disorders of refraction and accommodation	4,721	13.1	2,681	918	15.6	2,889
Obesity and other hyperalimentation	5,029	13.9	2,855	740	12.6	2,329
Abnormal loss of weight and underweight	2,171	6.0	1,233	380	6.5	1,196
Certain adverse effects, not elsewhere classified	2,371	6.6	1,346	372	6.3	1,171
Neurotic disorders	1,055	2.9	599	224	3.8	705
Hearing loss	1,288	3.6	731	198	3.4	623
<i>Cannabis</i> abuse	1,021	2.8	580	178	3.0	560
Hyperkinetic syndrome of childhood	853	2.4	484	177	3.0	557
Asthma	1,004	2.8	570	170	2.9	535
Other joint derangement, not elsewhere classified	730	2.0	414	147	2.5	463
Total applicants at MEPS	176,118			31,771		
Total disqualified applicants	36,052			5,868		

[†] Condition categories are not mutually exclusive.[‡] Indicates the percentage of medically disqualified MEPS applicants with the specified condition.[§] Indicates the number of individuals with the specified condition for every 100,000 applicants screened at MEPS.

Table 16 shows the most common medical disqualifications (according to the ICD-9 code assigned to each disqualifying condition) among enlisted National Guard component service applicants for 2010 to 2014 in aggregate, and separately for 2015. Unlike the active and reserve components, obesity and other hyperalimentation remained the leading condition for disqualification among National Guard applicants in 2015 (24%, as compared to 22% in 2010-2014). However, though the proportion of disqualifications from obesity and other hyperalimentation had increased in 2015, it is noted that the actual prevalence rate of disqualified applicants in 2015 (4,894 per 100,000 applicants) was lower than the previous five year period (5,078 per 100,000 applicants). Disorders of refraction and accommodation was the second most common cause for disqualification in National Guard applicants, increasing notably in the 2015 applicants (14%) when compared to the previous five year period (10%). The next most common condition was certain adverse effects not elsewhere classified, including allergies and anaphylaxis, remaining steady relative to the previous five year period (6%). *Cannabis* abuse decreased in disqualification proportion in 2015 (3%) when compared to previous years (4%), as well as decreased in prevalence rate by about a third in 2015, relative to the previous five year period.

TABLE 16: MEDICAL DISQUALIFICATION OF FIRST-TIME NATIONAL GUARD ENLISTED APPLICANTS BY ALL ICD-9 CODES IN 2010-2014 VS. 2015: ARMY AND AIR FORCE

Condition [†]	2010-2014			2015		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Obesity and other hyperalimentation	13,231	21.6	5,078	2,240	23.5	4,894
Disorders of refraction and accommodation	5,995	9.8	2,301	1,298	13.6	2,836
Certain adverse effects, not elsewhere classified	3,575	5.8	1,372	529	5.5	1,156
Neurotic disorders	1,855	3.0	712	393	4.1	859
Abnormal loss of weight and underweight	1,834	3.0	704	342	3.6	747
Hearing loss	2,642	4.3	1,014	338	3.5	738
<i>Cannabis</i> abuse	2,431	4.0	933	283	3.0	618
Other derangement of joint, not elsewhere classified	1,201	2.0	461	243	2.5	531
Hyperkinetic syndrome of childhood	1,410	2.3	541	237	2.5	518
Asthma	1,419	2.3	545	199	2.1	435
Total applicants at MEPS	260,561			45,773		
Total disqualified applicants	61,307			9,534		

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of medically disqualified MEPS applicants for the specified condition.

[§] Indicates the number of individuals with the specified condition for every 100,000 applicants screened at MEPS.

Tables 17-19 show the medical disqualifications among applicants for enlisted active, reserve, and National Guard component services during the period between 2010 and 2014 in aggregate, and separately for 2015. Other Medical Failure (OMF) codes, as opposed to ICD-9 codes used in previous tables, were provided by the US Military Entrance Processing Command (USMEPCOM) stations and used here to determine the disqualifying condition. These conditions are ranked according to the number of disqualifications in 2015. As some disqualified individuals have more than one disqualifying medical condition, the number of disqualifications is greater than the number of individuals disqualified.

Table 17 shows the most common disqualifying conditions (according to OMF codes) for medical disqualifications among enlisted active component applicants during the period between 2010 and 2014 in aggregate, and separately for 2015. Weight and body build was the leading category for disqualification in 2015, accounting for 19% of disqualified individuals. This proportion was higher from the previous five year period of 17%. Weight and body build is considered a temporary disqualifying condition that can be remediated by the applicant without need for an accession medical waiver. The second most common medical disqualification observed was refraction, with 15% of individuals disqualified in 2015. This proportion was notably higher than the previous five year period of 11%. Psychiatric was the third most common disqualification category in 2015, accounting for 14% of disqualifications and up slightly from the previous five year period (12%). *Cannabis* abuse also increased slightly in disqualification proportion in 2015 (5%) when compared to previous years (4%), as well as increased in prevalence (881 per 100,000 applicants in 2015), relative to the previous five year period (735 per 100,000 applicants during 2010-2014).

TABLE 17: MEDICAL DISQUALIFICATION OF FIRST-TIME ACTIVE COMPONENT ENLISTED APPLICANTS BY ALL LISTED USMEPCOM FAILURE CODES IN 2010-2014 VS. 2015: ALL SERVICES

Condition [†]	2010-2014			2015		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Weight, body build	32,913	16.8	3,297	6,153	18.8	3,551
Refraction	21,658	11.1	2,169	4,900	14.9	2,828
Psychiatric	24,358	12.4	2,440	4,432	13.5	2,558
Skin, lymphatics, allergies	18,342	9.4	1,837	3,053	9.3	1,762
Lower extremities (except feet)	14,745	7.5	1,477	2,873	8.8	1,658
Upper extremities	12,163	6.2	1,218	2,222	6.8	1,282
Lungs and chest (includes breast)	12,669	6.5	1,269	1,915	5.8	1,105
<i>Cannabis</i> test positive	7,342	3.7	735	1,527	4.7	881
Genitourinary	7,478	3.8	749	1,518	4.6	876
Audiometer	6,842	3.5	685	1,147	3.5	662
Total applicants at MEPS	998,345			188,904		
Total disqualified applicants	195,826			34,992		

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of medically disqualified MEPS applicants with the specified condition.

[§] Indicates the number of individuals with the specified condition for every 100,000 applicants screened at MEPS.

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Table 18 shows the most common disqualifying conditions (according to OMF codes) for medical disqualifications among enlisted reserve component applicants during the period between 2010 and 2014, and separately for 2015. Weight and body build was the leading category for disqualification in 2015, accounting for 20% of disqualified individuals. This proportion was slightly decreased from the previous five year period (21%), though the prevalence rate for 2015 (3,686 per 100,000 applicants) was notably less than the previous five year period (4,239 per 100,000 applicants). Weight and body build is generally considered a temporary disqualifying condition that can be remediated by the applicant without need for an accession medical waiver. Refraction was the second most common medical disqualification observed in 2015 (15%) and has increased in proportion among disqualified applicants relative to the previous five years (12%). Psychiatric was the third most common disqualification category in 2015, accounting for 10% of disqualifications and decreased from the previous five year period of 11%). *Cannabis* abuse also increased slightly in disqualification proportion in 2015 (4%) when compared to previous years (3%), as well as increased in prevalence (730 per 100,000 applicants in 2015), relative to the previous five year period (679 per 100,000 applicants during 2010-2014).

TABLE 18: MEDICAL DISQUALIFICATION OF FIRST-TIME RESERVE COMPONENT ENLISTED APPLICANTS BY ALL LISTED USMEPCOM FAILURE CODES IN 2010-2014 VS. 2015: ALL SERVICES

Condition [†]	2010-2014			2015		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Weight, body build	7,466	20.7	4,239	1,171	20.0	3,686
Refraction	4,362	12.1	2,477	849	14.5	2,672
Psychiatric	3,865	10.7	2,195	593	10.1	1,866
Skin, lymphatics, allergies	3,334	9.2	1,893	563	9.6	1,772
Lower extremities (except feet)	2,566	7.1	1,457	420	7.2	1,322
Upper extremities	1,971	5.5	1,119	364	6.2	1,146
Lungs and chest (includes breast)	2,291	6.4	1,301	339	5.8	1,067
<i>Cannabis</i> test positive	1,195	3.3	679	232	4.0	730
Genitourinary	1,329	3.7	755	227	3.9	714
Audiometer	1,259	3.5	715	198	3.4	623
Total applicants at MEPS	176,118			31,771		
Total disqualified applicants	36,052			5,868		

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of medically disqualified MEPS applicants with the specified condition.

[§] Indicates the number of individuals with the specified condition for every 100,000 applicants screened at MEPS.

Table 19 shows the most common disqualifying conditions (according to OMF codes) for medical disqualifications among enlisted National Guard applicants during the period between 2010 and 2014 in aggregate, and separately for 2015. Weight and body build was the leading category for disqualification in 2015, accounting for 29% of disqualified individuals. This proportion was similar to the previous five year period of 27%, though the prevalence rate decreased to 5,980 per 100,000 applicants in 2015, from 6,281 per 100,000 applicants between 2010 and 2014. Weight and body build is considered a temporary disqualifying condition that can be remediated by the applicant without need for an accession medical waiver. Refraction was the second most common medical disqualification observed in 2015 (13%), and has increased in relation to the last five year period (9%). Psychiatric was the third most common disqualification category in 2015 (10%), after having decreased from the 2010-2014 proportion of 12%. *Cannabis* abuse decreased in disqualification proportion in 2015 (5%) when compared to previous years (6%), as well as decreased in prevalence (1,009 per 100,000 applicants in 2015), relative to the previous five year period (1,398 per 100,000 applicants during 2010-2014).

TABLE 19: MEDICAL DISQUALIFICATION OF FIRST-TIME NATIONAL GUARD ENLISTED APPLICANTS BY ALL LISTED USMEPCOM FAILURE CODES IN 2010-2014 VS. 2015: ARMY AND AIR FORCE

Condition [†]	2010-2014			2015		
	n	% of DQ apps [‡]	Rate [§]	n	% of DQ apps [‡]	Rate [§]
Weight, body build	16,366	26.7	6,281	2,737	28.7	5,980
Refraction	5,653	9.2	2,170	1,191	12.5	2,602
Psychiatric	7,036	11.5	2,700	990	10.4	2,163
Skin, lymphatics, allergies	5,247	8.6	2,014	790	8.3	1,726
Lower extremities (except feet)	4,016	6.6	1,541	621	6.5	1,357
Upper extremities	3,140	5.1	1,205	498	5.2	1,088
<i>Cannabis</i> test positive	3,643	5.9	1,398	462	4.8	1,009
Lungs and chest (includes breast)	3,341	5.4	1,282	407	4.3	889
Genitourinary	1,940	3.2	745	346	3.6	756
Audiometer	2,638	4.3	1,012	343	3.6	749
Total applicants at MEPS	260,561			45,773		
Total disqualified applicants	61,307			9,534		

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of medically disqualified MEPS applicants with the specified condition.

[§] Indicates the number of individuals with the specified condition for every 100,000 applicants screened at MEPS.

Accession Medical Waivers

Applicants who receive a permanent medical disqualification at the Military Entrance Processing Station (MEPS) may be granted an accession medical waiver for the disqualifying condition(s) from a service-specific waiver authority. This section summarizes waiver considerations that occurred between fiscal years 2010 to 2015. Tables 20-29 examine all waiver considerations for waiver applicants, regardless of whether there is a corresponding Defense Manpower Data Center (DMDC) accession record. Because waivers are granted prior to accession by each service, no distinction between active and reserve components is made at the time of waiver application. Some waiver applicants with prior military service but no prior approved medical waiver may also be included in these tables. Individuals applying to multiple waiver authorities may appear more than once. Thus, these tables address the spectrum of waiver applications seen by the waiver authorities. In addition, the waiver conditions most frequently applied for and the most frequently waived conditions for each service's waiver applicants are shown. Tables 30-33 examine only those approved waiver records for which there is an accession record, and the individual has no prior service as defined elsewhere in this report. Marine Corps waiver data were incomplete in 2010, 2011, and 2014 and were missing in 2015. Navy waiver data were unavailable for 2014 and 2015 at the time of publication.

Part I: Medical waivers irrespective of an accession record

Table 20 shows the number of active and reserve component waiver considerations and approval percentages by branch of service and year of waiver decision, by year for 2010-2015. Multiple waiver considerations to the same waiver authority most frequently reflect resubmissions for the same condition, perhaps with additional information. Multiple waiver records are counted in each year and in each service in which they were considered. Approval percentages represent the proportion of the total waivers considered by each service that year, listed in the table as "Consider", who had a waiver approved, "Approved", in each service by 2015. Waiver considerations and approval rates in the Army have declined from 2010 through 2012, but increased in 2013 and 2014. Waiver considerations in the Army dropped again in 2015 to a six-year low. The reason for the significant drop remains unclear, but is likely due to normal fluctuation in the data over time. In the Navy, the number of waiver considerations has steadily increased from 2010 through 2013. The approval rate for Navy waivers had declined since 2010, but saw an increase in 2013. The approval rates among Air Force waivers have generally been on the decline since 2010, apart from a small increase in 2013, and reached a six-year low in 2015. Marine Corps waiver data were incomplete in 2010 and 2011, and waiver data for Navy and Marine Corps for 2014 and 2015 were not available at the time of publication.

TABLE 20: ACTIVE AND RESERVE COMPONENT WAIVER CONSIDERATIONS BY YEAR AND SERVICE[§]: 2010-2015

Year	Army			Navy [†]			Marine Corps [‡]			Air Force		
	Consider (n)	Approved (n)	Approved (%)	Consider (n)	Approved (n)	Approved (%)	Consider (n)	Approved (n)	Approved (%)	Consider (n)	Approved (n)	Approved (%)
2010	15,698	9,145	58.3	4,763	2,879	60.4	2,189 [‡]	1,501	68.6	3,264	2,193	67.2
2011	14,887	8,381	56.3	5,171	3,084	59.6	805 [‡]	591	73.4	2,892	1,793	62.0
2012	14,255	7,853	55.1	6,101	3,503	57.4	2,365	2,082	88.0	4,060	2,281	56.2
2013	15,620	9,640	61.7	7,681	4,694	61.1	2,424	2,107	86.9	3,630	2,179	60.0
2014	15,336	9,491	61.9	-	-	-	142	122	85.9	3,758	2,054	54.7
2015	11,718	7,042	60.1	-	-	-	-	-	-	4,005	1,871	46.7
Total	87,514	51,552	58.9	23,716	14,160	59.7	7,925	6,403	80.8	21,609	12,371	57.2

[§] Applicants may be counted more than once per year and in multiple services.

[†] Waiver data were unavailable for the Navy in 2014 and 2015.

[‡] Waiver data were underreported by the Marine Corps for 2010, 2011, and 2014 and not received for 2015.

Table 21 describes active and reserve component waiver considerations by service, including the number of considerations per applicant and the frequency with which considerations have multiple conditions. The Army had the highest number of waiver considerations and applicants in the period from 2010 to 2015 (87,514 considerations, 80,214 applicants) followed by the Navy (23,716 considerations, 23,208 applicants). On average, most waiver applicants did not apply for waivers more than once within a given service. Most considerations (72-87%) had a single condition, regardless of service. The highest percentage of considerations with more than one condition (29%) was found in the Air Force.

TABLE 21: ACTIVE AND RESERVE COMPONENT WAIVER CONSIDERATION COUNTS[§]: 2010-2015

	Army	Navy [‡]	Marine Corps [†]	Air Force
All waiver considerations	87,514	23,716	7,925	21,609
Applicants	80,214	23,208	7,671	21,270
Average number of considerations per applicant	1.09	1.02	1.03	1.02
Considerations with a single condition	69,362 (79.3%)	17,612 (74.3%)	6,540 (82.5%)	15,231 (70.5%)
Considerations with multiple conditions	17,481 (20.0%)	5,019 (21.2%)	1,365 (17.2%)	6,163 (28.5%)
Considerations with missing conditions	671 (0.8%)	1,085 (4.6%)	20 (0.3%)	215 (1.0%)

[§] Applicants can be counted in multiple services.

[†] Value undercounted due to missing Marine waiver records from 2010, 2011, 2014 and 2015.

[‡] Value undercounted due to missing Navy waiver records from 2014 and 2015.

Tables 22-25 show the medical conditions for which waivers were most frequently applied and the approval rate for individuals with these conditions in 2010-2015, by service. Waiver considerations from the years 2010 to 2014 are shown in aggregate to facilitate the comparison of waivers in 2015 to previous years.

Medical accession waiver considerations and approvals for the Army are shown in Table 22. Disorders of refraction and accommodation remain the most common medical disqualifications for which waivers were sought from 2010 to 2015. The percentage of applications for waivers for disorders of refraction and accommodation (18%) increased compared to the previous five year period (15%). Hyperkinetic syndrome of childhood was the second most common waiver application in 2015 (7%). The percentage of applications for these waivers increased compared to the previous five year period (5%). The third leading waiver application type in 2015 was certain adverse effects not elsewhere classified, an ICD-9 code group that includes allergies and anaphylaxis. The prevalence of these waivers among the applicant population remained relatively steady at 7% between 2010 and 2015.

TABLE 22: LEADING CONDITIONS FOR ACTIVE AND RESERVE COMPONENT ACCESSION WAIVERS CONSIDERED IN 2010-2014 VS. 2015: ARMY

Condition [†]	2010-2014				2015			
	Applied		Approved		Applied		Approved	
	n	% [‡]	n	% [§]	n	% [‡]	n	% [§]
Disorders of refraction and accommodation	11,228	14.8	9,527	21.4	2,066	17.6	1,840	26.1
Hyperkinetic syndrome of childhood	3,396	4.5	1,699	3.8	852	7.3	460	6.5
Certain adverse effects, not elsewhere classified ^{**}	5,354	7.1	4,552	10.2	804	6.9	652	9.3
Hearing loss	4,797	6.3	1,543	3.5	677	5.8	121	1.7
Asthma	2,823	3.7	1,076	2.4	554	4.7	196	2.8
Other joint derangement, not elsewhere classified	2,299	3.0	1,781	4.0	471	4.0	397	5.6
Contact dermatitis and other eczema	1,499	2.0	1,026	2.3	336	2.9	250	3.6
Internal derangement of knee	1,788	2.4	1,095	2.5	295	2.5	204	2.9
Curvature of spine	1,546	2.0	1,201	2.7	281	2.4	218	3.1
Neurotic disorders	3,294	4.3	385	0.9	276	2.4	26	0.4
Dislocation of shoulder	1,026	1.4	781	1.8	229	2.0	185	2.6
Total considerations[¥]	75,796				11,718			
Total approved considerations[¥]	44,510				7,042			

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of waiver applicants for the specified condition category, among total waivers considered.

[§] Indicates the percentage of approved waiver applicants for the specified condition category, among total approved waivers.

^{**} Codes in this category typically include unspecified allergies and anaphylactic shock.

[¥] This category includes waiver considerations with missing condition values

Table 23 shows the leading accession medical waiver conditions applied for and approved by the Navy comparing 2015 to the previous five year period in aggregate; however, Navy medical waiver data for 2014 and 2015 were not available at the time of publication. The most common waiver application in the previous three year period was for astigmatism (9.6%). The second most common waiver application was for myopia (9.3%). The third most common waiver application was for allergic manifestations (9.1%), including allergies to food, medication, and latex.

TABLE 23: LEADING CONDITIONS FOR ACTIVE AND RESERVE COMPONENT ENLISTED ACCESSION WAIVERS CONSIDERED IN 2010-2013 VS. 2014-2015: NAVY

Condition [†]	2010-2013				2014-2015 ^{**}			
	Applied		Approved		Applied		Approved	
	n	% [‡]	n	% [§]	n	% [‡]	n	% [§]
Astigmatism	2,281	9.6	1,750	12.4	-	-	-	-
Myopia	2,216	9.3	1,224	8.6	-	-	-	-
Allergic manifestations	2,162	9.1	1,811	12.8	-	-	-	-
Hearing deficiency	1,293	5.5	176	1.2	-	-	-	-
Asthma	918	3.9	448	3.2	-	-	-	-
Attention deficit w/hyperactivity	841	3.5	425	3.0	-	-	-	-
Deviation or curvature of spine	613	2.6	151	1.1	-	-	-	-
Shoulder dislocation, recurrent	544	2.3	472	3.3	-	-	-	-
Self-inflicted injury by unspecified means	539	2.3	229	1.6	-	-	-	-
Adverse food reactions, not elsewhere classified	511	2.2	382	2.7	-	-	-	-
Eczema	426	1.8	199	1.4	-	-	-	-
Total considerations[¶]	23,716							
Total approved considerations[¶]	14,160							

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of waiver applicants for the specified condition category, among total waivers considered.

[§] Indicates the percentage of approved waiver applicants for the specified condition category, among total approved waivers.

[¶] This category includes waiver applicants with missing condition values.

^{**} Waiver data were not reported by the Navy for 2014 and 2015.

Table 24 shows the leading conditions among enlisted Marine Corps applicants for waivers for 2015 as compared to the previous five year period in aggregate. However, Marine Corps waiver data were incomplete in 2010 and 2011, and waiver data for 2014 and 2015 were not available at the time of publication. From 2010-2013, the most common medical waiver application was for disorders of refraction and accommodation (21%). The next most common waiver application was for other nonspecific abnormal findings (17%). The third most common waiver application in 2010-2013 was for certain adverse effects not elsewhere classified (11%), including allergies to food, medication and latex.

TABLE 24: LEADING CONDITIONS FOR ACTIVE AND RESERVE COMPONENT ENLISTED ACCESSION WAIVERS CONSIDERED IN 2010-2014 VS 2015: MARINE CORPS

Condition [†]	2010-2014 ¹				2015 ¹			
	Applied		Approved		Applied		Approved	
	n	% [‡]	n	% [§]	n	% [‡]	n	% [§]
Disorders of refraction and accommodation	1,645	20.8	1,442	22.5	-	-	-	-
Other nonspecific abnormal findings	1,372	17.3	1,094	17.1	-	-	-	-
Certain adverse effects, not elsewhere classified ^{‡‡}	839	10.6	799	12.5	-	-	-	-
Asthma	502	6.3	412	6.4	-	-	-	-
Hyperkinetic syndrome of childhood	444	5.6	375	5.9	-	-	-	-
Neurotic disorders	323	4.1	260	4.1	-	-	-	-
Hearing loss	304	3.8	141	2.2	-	-	-	-
Late effects of musculoskeletal and connective tissue injuries	249	3.1	213	3.3	-	-	-	-
Contact dermatitis and other eczema	195	2.5	172	2.7	-	-	-	-
Other and unspecified disorders of bone and cartilage	174	2.2	146	2.3	-	-	-	-
Curvature of spine	168	2.1	77	1.2	-	-	-	-
Total considerations[¥]	7,925				-			
Total approved considerations[¥]	6,403				-			

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of waiver applicants for the specified condition category, among total waivers considered.

[§] Indicates the percentage of approved waiver applicants for the specified condition category, among total approved waivers.

^{‡‡} Codes in this category typically include unspecified allergies and anaphylactic shock.

[¥] This category includes waiver applicants with missing condition values.

¹ Waiver data were underreported by the Marine Corps for 2010, 2011, and 2014 and not reported for 2015.

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Leading conditions for accession medical waiver application are shown in Table 25 for the Air Force. In 2015, disorders of refraction and accommodation were the most common reasons for which waivers were sought (14.4%). The prevalence of these waiver applications was similar to the previous five year period (14.5%). Hyperkinetic syndrome of childhood was the second most common reason for waiver applications in 2015 (11%), an increase from 7.6% of waivers during the previous five year period. The third most common waiver requested in 2015 in the Air Force was waivers for asthma. The prevalence of these waivers among the applicant population in 2015 (8%) increased compared to the previous five years (6%).

TABLE 25: LEADING CONDITIONS FOR ACTIVE AND RESERVE COMPONENT ENLISTED ACCESSION WAIVERS CONSIDERED IN 2010-2014 VS. 2015: AIR FORCE

Condition [†]	2010-2014				2015			
	Applied		Approved		Applied		Approved	
	n	% [‡]	n	% [§]	n	% [‡]	n	% [§]
Disorders of refraction and accommodation	2,556	14.5	1,723	16.4	577	14.4	378	20.2
Hyperkinetic syndrome of childhood	1,337	7.6	790	7.5	447	11.2	212	11.3
Asthma	1,016	5.8	457	4.4	326	8.1	85	4.5
Certain adverse effects, not elsewhere classified ^{‡‡}	1,470	8.4	1,109	10.6	319	8	156	8.3
Neurotic disorders	765	4.3	450	4.3	281	7	82	4.4
Affective psychoses	640	3.6	301	2.9	142	3.5	32	1.7
Contact dermatitis and other eczema	517	2.9	166	1.6	142	3.5	22	1.2
Other joint derangement, not elsewhere classified	530	3	417	4	125	3.1	91	4.9
Hearing loss	552	3.1	68	0.6	108	2.7	7	0.4
Curvature of spine	296	1.7	69	0.7	84	2.1	20	1.1
Recurrent dislocation of joint	309	1.8	249	2.4	71	1.8	54	2.9
Total considerations[¥]	17,604				4,005			
Total approved considerations[¥]	10,500				2,054			

[†] Condition categories are not mutually exclusive.

[‡] Indicates the percentage of waiver applicants for the specified condition category, among total waivers considered.

[§] Indicates the percentage of approved waiver applicants for the specified condition category, among total approved waivers.

^{‡‡} Codes in this category typically include unspecified allergies and anaphylactic shock.

[¥] This category includes waiver applicants with missing condition values.

Tables 26-29 show the 10 most frequently approved waiver conditions ranked by waiver consideration approval percentage for 2015. The same population of considerations was used as in Tables 22-25. Note that all conditions are not mutually exclusive and an individual may appear in the table in multiple condition rows.

In Table 26, among active and reserve Army applicants, waivers for disorders of refraction and accommodation (89%) had the highest proportion of approved applicants in 2015. The next most highly approved condition was other joint derangement, not elsewhere classified (84%) which increased in the proportion of approved waiver applications in 2015 compared to the previous five year period (79%). Certain adverse effects not elsewhere classified (81%), which includes allergies and anaphylaxis, was the third most commonly waived condition.

TABLE 26: CONDITION-SPECIFIC CATEGORIES FOR THOSE ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED CONSIDERATIONS AMONG ACTIVE AND RESERVE COMPONENT **ARMY** ENLISTEES: 2010-2014 VS. 2015

Condition [†]	Total		2010-2014		2015	
	n	% [§]	n	% [§]	n	% [§]
Disorders of refraction and accommodation	13,294	85.5	11,228	84.9	2,066	89.1
Other joint derangement, not elsewhere classified	2,770	78.6	2,299	77.5	471	84.3
Certain adverse effects, not elsewhere classified ^{**}	6,158	84.5	5,354	85.0	804	81.1
Dislocation of shoulder	1,255	77.0	1,026	76.1	229	80.8
Curvature of spine	1,827	77.7	1,546	77.7	281	77.6
Contact dermatitis and other eczema	1,835	69.5	1,499	68.4	336	74.4
Internal derangement of knee	2,083	62.4	1,788	61.2	295	69.2
Congenital anomalies of genital organs	1,213	68.1	1,042	69.1	171	62.0
Hyperkinetic syndrome of childhood	4,248	50.8	3,396	50.0	852	54.0
Other nonspecific abnormal findings	992	49.7	813	48.8	179	53.6

[§] Indicates the percent of waivers approved among all waivers applied.

[†] Condition categories are not mutually exclusive.

^{**} Codes in this category typically include unspecified allergies and anaphylactic shock.

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Navy waiver applications for 2014 and 2015 were unavailable at the time of publication and are missing in Table 27. From 2010 to 2013, shoulder instability (89%) had the highest approval rate, followed by recurrent shoulder dislocations (87%) and allergic manifestations (84%).

TABLE 27: CONDITION-SPECIFIC CATEGORIES FOR THOSE ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED CONSIDERATIONS AMONG ACTIVE AND RESERVE COMPONENT NAVY ENLISTEES: 2010-2013 vs. 2014-2015

Condition [†]	Total		2010-2013 [‡]		2014-2015 [‡]	
	n	% [§]	n	% [§]	n	% [§]
Shoulder instability	417	88.5	417	88.5	-	-
Shoulder dislocation, recurrent	544	86.8	544	86.8	-	-
Allergic Manifestations	2,162	83.8	2,162	83.8	-	-
Keratorefractive surgery	416	79.3	416	79.3	-	-
Astigmatism	2,281	76.7	2,281	76.7	-	-
Adverse food reactions, not elsewhere classified	511	74.8	511	74.8	-	-
Blood pressure, elevated without diagnosis of hypertension	410	55.4	410	55.4	-	-
Myopia	2,216	55.2	2,216	55.2	-	-
Attention deficit w/ hyperactivity	841	50.5	841	50.5	-	-
Asthma	918	48.8	918	48.8	-	-

[§] Indicates the percent of waivers approved among all waivers applied.

[†] Condition categories are not mutually exclusive.

[‡] Waiver data were not reported by the Navy for 2014 and 2015.

Table 28 shows the conditions with the highest proportion of approved applicants for the Marine Corps in 2015 compared to the previous five year period in aggregate. However, Marine Corps waiver data were incomplete in 2010 and 2011, and waiver data for 2014 and 2015 were not available at the time of publication. From 2010 to 2013, the three most highly approved conditions were certain adverse effects not elsewhere classified, including allergic reactions and history of anaphylaxis (95%), contact dermatitis and other eczema (88%) and disorders of refraction and accommodation (88%).

TABLE 28: CONDITION-SPECIFIC CATEGORIES FOR THOSE ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED CONSIDERATIONS AMONG ACTIVE AND RESERVE COMPONENT MARINE CORPS ENLISTEES: 2010-2014 vs. 2015

Condition [†]	Total		2010-2014 [‡]		2015 [‡]	
	n	% [§]	n	% [§]	n	% [§]
Certain adverse effects, not elsewhere classified ^{**}	839	95.2	839	95.2	-	-
Contact dermatitis and other eczema	195	88.2	195	88.2	-	-
Disorders of refraction and accommodation	1,645	87.7	1,645	87.7	-	-
Late effects of musculoskeletal and connective tissue injuries	249	85.5	249	85.5	-	-
Hyperkinetic syndrome of childhood	444	84.5	444	84.5	-	-
Other and unspecified disorders of bone and cartilage	174	83.9	174	83.9	-	-
Asthma	502	82.1	502	82.1	-	-
Neurotic disorders	323	80.5	323	80.5	-	-
Other nonspecific abnormal findings	1,372	79.7	1,372	79.7	-	-
Hearing loss	304	46.4	304	46.4	-	-

[§] Indicates the percent of waivers approved among all waivers applied.

[†] Condition categories are not mutually exclusive.

^{**} Codes in this category typically include unspecified allergies and anaphylactic shock.

[‡] Waiver data were underreported by the Marine Corps for 2010, 2011, and 2014 and not reported for 2015.

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Table 29 shows that among Air Force applicants, the conditions with the highest proportion of approved applications generally had a low number of applicants. Waiver approvals were most common among applications for recurrent dislocation of joint (76%). Other joint derangement, not elsewhere classified, was the second most commonly approved waiver (73%), and strabismus and other disorders of binocular eye movements were the third most commonly approved waivers (71%).

TABLE 29: CONDITION-SPECIFIC CATEGORIES FOR THOSE ACCESSION MEDICAL WAIVERS WITH THE HIGHEST PROPORTION OF APPROVED CONSIDERATIONS AMONG ACTIVE AND RESERVE COMPONENT AIR FORCE ENLISTEES: 2010-2014 VS. 2015

Condition [†]	Total		2010-2014		2015	
	n	% [*]	n	% [*]	n	% [*]
Recurrent dislocation of joint	380	79.7	309	80.6	71	76.1
Other joint derangement, not elsewhere classified	655	77.6	530	78.7	125	72.8
Strabismus and other disorders of binocular eye movements	259	67.2	203	66	56	71.4
Disorders of refraction and accommodation	3,133	67.1	2,556	67.4	577	65.5
Internal derangement of knee	287	59.2	217	62.2	70	50
Certain adverse effects, not elsewhere classified ^{**}	1,789	70.7	1,470	75.4	319	48.9
Hyperkinetic syndrome of childhood	1,784	56.2	1,337	59.1	447	47.4
Osteochondropathies	225	42.2	173	41.6	52	44.2
Adjustment reaction	256	44.5	198	48.5	58	31
Neurotic disorders	1,046	50.9	765	58.8	281	29.2

^{*} Indicates the percent of waivers approved among all waivers applied.

[†] Condition categories are not mutually exclusive.

^{**} Codes in this category typically include unspecified allergies and anaphylactic shock

Part II: Medical waivers with an accession record

Table 30 and 31 show the number of enlisted applicants who were granted accession medical waivers and had a MEPS physical examination record indicating no prior service, by component. Applicants are counted once in each component to which they applied, in the most recent year of waiver consideration. Results are shown for each year from 2010 to 2015 for all services combined. However, Marine Corps waiver data were incomplete in 2010 and 2011, and Navy and Marine Corps medical waiver data for 2014 and 2015 were unavailable at the time of publication. Therefore, the waiver application numbers are underestimated for 2010, 2011, 2014 and 2015. Individuals are counted as accessions only in the component to which they accessed. For example, an enlistee who applied for both active and reserve component but enlisted into the active component is only considered an accession when examining active component waiver applicants. Among reserve component waiver considerations this individual is only considered an applicant.

In Table 30, the rate of active component applicants granted waivers who subsequently accessed has varied between 78% and 84% during the period between 2010 and 2015. The number of waiver applicants were lower in 2010-2011 than 2012-2013, likely due to missing records from the Marine Corps. As well, number of waiver applications in 2014 and 2015 should be considered underestimates due to missing Navy and Marine Corps waiver data. Table 31 shows the accession rate for reserve component enlistees with waivers has varied between 48% and 70% during the period from 2010 to 2015. The accession rate for reserve applicants was consistently lower compared to active component applicants from 2010 to 2014, but higher in 2015. Again, comparisons across years are difficult due to missing waiver records from the Navy and Marine Corps.

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TABLE 30: ACTIVE COMPONENT ACCESSIONS FOR ENLISTED APPLICANTS WHO RECEIVED A WAIVER IN 2010-2015[†] BY YEAR: ALL SERVICES

Year of waiver consideration	Applicants with waivers granted	Total Applicants who accessed	
		n	%
2010 [§]	11,895	9,220	77.5
2011 [§]	10,549	8,486	80.4
2012	12,282	10,323	84.0
2013	14,833	12,526	84.4
2014 ^{§*}	9,127	7,478	81.9
2015 ^{§*}	7,091	4,345	61.3

[†] Considers accessions among only those applicants with both a MEPS physical examination for Active component service and an approved waiver.

[§] Value undercounted due to missing Marine Corps waiver records.

^{*} Value undercounted due to missing Navy waiver records.

TABLE 31: RESERVE COMPONENT ACCESSIONS FOR ENLISTED APPLICANTS WHO RECEIVED A WAIVER IN 2010-2015[†] BY YEAR: ALL SERVICES

Year of waiver consideration	Applicants with waivers granted	Total Applicants who accessed	
		n	%
2010 [§]	2,330	1,118	48.0
2011 [§]	2,069	1,215	58.7
2012	2,130	1,198	56.2
2013	2,345	1,373	58.6
2014 ^{§*}	1,752	1,220	69.6
2015 ^{§*}	1,267	826	65.2

[†] Considers accessions among only those applicants with both a MEPS physical examination for Active component service and an approved waiver.

[§] Value undercounted due to missing Marine Corps waiver records.

^{*} Value undercounted due to missing Navy waiver records.

Table 32 shows the demographic characteristics of active component waiver applicants and accessions with an approved medical waiver. Most waiver applicants in 2015 were male (84%), aged 17-20 years (62%), and white (74%). Individuals who accessed with waivers in 2015 were similar to the waiver applicant population with respect to sex, age, and race. Armed Forces Qualification Test (AFQT) scores in 2015 appear to be lower among waiver applicants compared to the previous five years. In 2015, over 72% of waiver applicants scored in the 50th percentile or higher for AFQT score compared to 78.4% in the previous five year period. A similar distribution was seen among waiver applicants that subsequently accessed. Over 99% of all applicants and accessions approved for a waiver had a permanently disqualified medical status with relatively few fully qualified and temporary disqualified individuals.

TABLE 32: DEMOGRAPHIC CHARACTERISTICS OF ACTIVE COMPONENT ENLISTED APPLICANTS WHO RECEIVED AN ACCESSION MEDICAL WAIVER COMPARED TO ACTIVE COMPONENT ACCESSIONS 2010-2014 VS. 2015: ALL SERVICES

	2010-2014				2015			
	All waivers		Accessed only		All waivers		Accessed only	
	n	%	n	%	n	%	n	%
Sex[§]								
Male	48,289	82.3	40,085	83.5	5,933	83.7	3,689	84.9
Female	10,394	17.7	7,948	16.5	1,157	16.3	656	15.1
Age at Waiver[§]								
17 – 20	35,863	61.1	30,242	63.0	4,416	62.3	2,819	64.9
21 – 25	16,920	28.8	13,687	28.5	2,067	29.1	1,232	28.4
> 25	5,902	10.1	4,103	8.5	608	8.6	294	6.8
Race[§]								
White	44,725	76.2	36,866	76.8	5,246	74.0	3,293	75.8
Black	8,530	14.5	6,984	14.5	1,238	17.5	760	17.5
Other	5,431	9.3	4,183	8.7	607	8.6	292	6.7
Education Level[§]								
Below HS senior [†]	179	0.3	118	0.2	43	0.6	8	0.2
HS senior	4,312	7.3	2,931	6.1	608	8.6	184	4.2
HS diploma	44,328	75.5	37,312	77.7	5,316	75.0	3,521	81.0
Some college	5,101	8.7	4,111	8.6	496	7.0	301	6.9
Bachelor's and higher	4,766	8.1	3,561	7.4	628	8.9	331	7.6
AFQT Score[§]								
93-99	5,560	9.5	4,522	9.4	568	8.0	323	7.4
65-92	24,711	42.1	20,485	42.6	2,712	38.2	1,606	37.0
50-64	15,727	26.8	13,088	27.2	1,835	25.9	1,153	26.5
30-49	12,291	20.9	9,862	20.5	1,939	27.3	1,257	28.9
11-29	184	0.3	70	0.1	32	0.5	6	0.1
<11	4	<0.1	3	<0.1	0	0.0	0	0.0
Medical Status								
Fully Qualified	232	0.4	122	0.3	17	0.2	1	<0.1
Permanent DQ	58,257	99.3	47,752	99.4	7,070	99.7	4,342	99.9
Temporary DQ	197	0.3	159	0.3	4	0.1	2	<0.1
Total	58,686		48,033		7,091		4,345	

HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Table 33 shows the demographic characteristics for reserve component waiver applicants and accessions with an approved medical waiver. The distribution of the demographic characteristics sex, age, and race were very different in individuals who accessed with waivers in 2015 compared to the previous five years; however, this difference is most likely due to missing Navy and Marine Corps waiver records from 2014 and 2015. Most reserve component applicants in 2015 were male (74%), aged 17-20 years (62%), and white (63%). Applicants and accessions in 2015 were younger compared to the previous five year period, with a smaller proportion over the age of 25. In 2015, a greater proportion of applicants and accessions had less than a high school diploma. Over 99% of reserve applicants and accessions had a permanently disqualified medical status.

TABLE 33: DEMOGRAPHIC CHARACTERISTICS OF RESERVE COMPONENT ENLISTED APPLICANTS WHO RECEIVED AN ACCESSION MEDICAL WAIVER COMPARED TO RESERVE COMPONENT ACCESSIONS 2010-2014 VS. 2015: ALL SERVICES

	2010-2014				2015			
	All waivers		Accessed only		All waivers		Accessed only	
	n	%	n	%	n	%	n	%
Sex[§]								
Male	8,269	77.8	4,695	76.7	934	73.7	611	74.0
Female	2,357	22.2	1,429	23.3	333	26.3	215	26.0
Age at Waiver[§]								
17 – 20	5,635	53.0	3,795	62.0	786	62.0	549	66.5
21 – 25	2,321	21.8	1,413	23.1	286	22.6	174	21.1
> 25	2,670	25.1	916	15.0	195	15.4	103	12.5
Race[§]								
White	7,897	74.3	4,594	75.0	802	63.3	523	63.3
Black	1,831	17.2	1,055	17.2	302	23.8	193	23.4
Other	898	8.5	475	7.8	163	12.9	110	13.3
Education Level[§]								
Below HS senior [†]	310	2.9	258	4.2	61	4.8	45	5.4
HS senior	1,267	11.9	926	15.1	247	19.5	186	22.5
HS diploma	6,765	63.7	3,792	61.9	721	56.9	459	55.6
Some college	1,044	9.8	568	9.3	86	6.8	55	6.7
Bachelor's and higher	1,240	11.7	580	9.5	152	12.0	81	9.8
AFQT Score[§]								
93-99	815	7.7	478	7.8	79	6.2	58	7.0
65-92	3,911	36.8	2,469	40.3	445	35.1	284	34.4
50-64	2,473	23.3	1,498	24.5	312	24.6	202	24.5
30-49	2,625	24.7	1,639	26.8	415	32.8	282	34.1
11-29	77	0.7	18	0.3	8	0.6	0	0.0
<11	6	0.1	2	<0.1	0	0.0	0	0.0
Medical Status								
Fully Qualified	25	0.2	1	<0.1	1	<0.1	0	0.0
Permanent DQ	10,548	99.3	6,115	99.9	1,261	99.5	826	100.0
Temporary DQ	53	0.5	8	0.1	5	0.4	0	0.0
Total	10,626		6,124		1,267		826	

HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Hospitalizations

This section summarizes hospitalization records of service members admitted to any military treatment facility. Hospitalization records are summarized for all services by component for enlistees who began service during 2010-2015 and for whom AMSARA has a corresponding accession record. This section accordingly examines hospitalizations among active, reserve and National Guard component enlistees early in service. Relative risks are used to compare the risk of hospitalization across demographic groups. The comparison group chosen depends on the factor being considered. For factors with some inherent order (e.g. age group, which ranges from younger to older) it is the first or last group in that order, as appropriate. Otherwise, the comparison group is generally the largest group.

Tables 34-36 show the hospitalizations and individuals hospitalized among those who accessed each year from 2010-2015, by component. Hospitalizations are separated into two groups: one that includes hospitalizations occurring within the first year of service and one that includes hospitalizations occurring within the second year of service. Due to the lack of full two year follow-up time for 2014 enlistees and one-year and two-year follow-up for 2015 enlistees, the corresponding counts for hospitalizations and individuals hospitalized were underestimated. Because multiple hospitalizations can occur per person, results are shown both in terms of hospitalizations (“Admissions”) and individuals hospitalized (“Individuals”). The proportion of individual’s hospitalized (% of individuals) is relatively stable for active, reserve, and National Guard component enlistees between 2010 and 2015.

HOSPITALIZATIONS

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TABLE 34: ACTIVE COMPONENT HOSPITALIZATIONS IN 2010-2015 BY YEAR: ALL SERVICES

Year	Total accessed	≤1 year of service			>1-2 years of service		
		Admissions	Individuals	% of Individuals	Admissions	Individuals	% of Individuals
2010	159,768	4,847	4,287	2.7	5,644	4,357	2.7
2011	152,683	4,619	4,098	2.7	4,748	3,796	2.5
2012	155,694	4,307	3,791	2.4	4,427	3,544	2.3
2013	165,967	4,321	3,842	2.3	5,197	4,186	2.5
2014	140,016	3,827	3,380	2.4	2,042	1,683	1.2 ^s
2015	146,557	2,036	1,833	1.3 ^s	-	-	-
Total	920,685	23,957	21,231	2.3	22,058	17,566	1.9

^sUnderestimated due to lack of follow-up time.

TABLE 35: RESERVE COMPONENT HOSPITALIZATIONS IN 2010-2015 BY YEAR: ALL SERVICES

Year	Total accessed	≤1 year of service			>1-2 years of service		
		Admissions	Individuals	% of Individuals	Admissions	Individuals	% of Individuals
2010	28,347	258	241	0.9	109	83	0.3
2011	30,488	539	495	1.6	99	76	0.2
2012	24,323	393	361	1.5	58	47	0.2
2013	21,292	288	268	1.3	48	38	0.2
2014	24,677	353	323	1.3	40	32	0.1 ^s
2015	24,824	240	212	0.9 ^s	-	-	-
Total	153,951	2,071	1,900	1.2	354	276	0.2

^sUnderestimated due to lack of follow-up time.

TABLE 36: NATIONAL GUARD HOSPITALIZATIONS IN 2010- 2015 BY YEAR: ARMY AND AIR FORCE

Year	Total accessed	≤1 year of service			>1-2 years of service		
		Admissions	Individuals	% of Individuals	Admissions	Individuals	% of Individuals
2010	46,183	412	371	0.8	129	102	0.2
2011	40,258	511	477	1.2	89	75	0.2
2012	42,134	502	455	1.1	91	77	0.2
2013	28,695	351	322	1.1	77	63	0.2
2014	43,384	545	503	1.2	69	58	0.1 ^s
2015	37,886	190	173	0.5 ^s	-	-	-
Total	238,540	2,591	2,301	1.0	433	375	0.1

^sUnderestimated due to lack of follow-up time.

Table 37 shows that the risk of hospitalization within one year of accession for active component enlisted personnel varies by service. Marine Corps enlistees had the highest risk of hospitalization in the first year of service, while Navy enlistees had the lowest risk of hospitalization. The demographic characteristics of active component enlistees show that the risk of hospitalization was greatest for women, white enlistees, and those who had some college. The risk of hospitalization is significantly higher among enlistees that were disqualified for accession, both temporarily and permanently, compared to the fully qualified group. Enlistees with an AFQT score in the highest percentile group had the lowest risk of hospitalization in the first year of service.

TABLE 37: HOSPITAL ADMISSIONS WITHIN ONE YEAR OF ACCESSION FOR ACTIVE COMPONENT ENLISTED PERSONNEL ACCESSED IN 2010-2015: ALL SERVICES

	Accessed (n)	Admissions (n)	Individuals hospitalized			
			n	%	Crude RR	95% CI
Service[§]						
Army (REF)	366,565	11,777	10,450	2.9	1.00	-
Navy	215,022	2,569	2,256	1.0	0.37	(0.35, 0.39)
Marine Corps	178,845	6,168	5,523	3.1	1.09	(1.05, 1.12)
Air Force	160,253	3,443	3,002	1.9	0.65	(0.62, 0.68)
Sex[§]						
Male (REF)	764,598	18,982	16,912	2.2	1.00	-
Female [†]	156,087	4,975	4,319	2.8	1.26	(1.22, 1.30)
Age at Accession[§]						
17 – 20 (REF)	602,781	15,981	14,812	2.5	1.00	-
21 – 25	254,040	6,138	5,444	2.1	0.87	(0.84, 0.90)
> 25	63,851	1,839	1,605	2.5	1.02	(0.97, 1.08)
Race[§]						
White (REF)	674,750	18,228	16,136	2.4	1.00	-
Black	162,459	4,120	3,673	2.3	0.94	(0.91, 0.98)
Other	83,476	1,609	1,422	1.7	0.71	(0.67, 0.75)
Education Level[§]						
Below HS graduate [†]	299	6	5	1.7	0.72	(0.30, 1.72)
HS diploma (REF)	797,612	20,889	18,522	2.3	1.00	-
Some college	69,305	2,016	1,759	2.5	1.09	(1.04, 1.15)
Bachelor's or higher	53,338	1,038	938	1.8	0.76	(0.71, 0.81)
AFQT Score[§]						
93 – 99 (REF)	65,456	1,424	1,252	1.9	1.00	-
65 – 92	371,538	9,310	8,226	2.2	1.16	(1.09, 1.23)
50 – 64	259,696	6,843	6,043	2.3	1.22	(1.15, 1.30)
30 – 49	214,479	6,306	5,647	2.6	1.34	(1.25, 1.43)
11 – 29	1,865	52	42	2.3	1.18	(0.84, 1.61)
Medical Status						
Fully Qualified (REF)	798,521	20,383	18,077	2.3	1.00	-
Temporary DQ	32,729	1,024	912	2.8	1.24	(1.16, 1.32)
Permanent DQ	89,435	2,550	2,242	2.5	1.11	(1.06, 1.16)
Total	920,685	23,957	21,231	2.3		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

[‡] Hospitalizations for pregnancy/childbirth are included.

Table 38 shows the risk of hospitalization within one year of accession for reserve component enlisted personnel. Marine Corps enlistees had the highest risk of hospitalization in the first year of service, while Navy enlistees had the lowest risk of hospitalization. The risk of hospitalization within one year of accession was lowest for reserve component enlistees over the age of 25, enlistees with education below high school, enlistees with other race, and those who were fully qualified. There was no difference in risk by sex or AFQT score.

TABLE 38: HOSPITAL ADMISSIONS WITHIN ONE YEAR OF ACCESSION FOR RESERVE COMPONENT ENLISTED PERSONNEL ACCESSED IN 2010-2015: ALL SERVICES

	Accessed (n)	Admissions (n)	Individuals hospitalized			
			n	%	Crude RR	95% CI
Service[§]						
Army (REF)	83,275	990	907	1.1	1.00	-
Navy	20,852	106	93	0.4	0.41	(0.33, 0.50)
Marine Corps	32,466	757	706	2.2	2.02	(1.83, 2.23)
Air Force	17,358	218	194	1.1	1.03	(0.88, 1.20)
Sex[§]						
Male (REF)	119,469	1,616	1,482	1.2	1.00	-
Female [†]	34,481	455	418	1.2	0.98	(0.88, 1.09)
Age at Accession[§]						
17 – 20 (REF)	97,164	1,385	1,268	1.3	1.00	-
21 – 25	36,328	478	447	1.2	0.94	(0.85, 1.05)
> 25	20,398	208	185	0.9	0.69	(0.59, 0.81)
Race[§]						
White (REF)	108,032	1,494	1,369	1.3	1.00	-
Black	32,848	430	394	1.2	0.95	(0.85, 1.06)
Other	13,071	147	137	1.0	0.83	(0.69, 0.98)
Education Level[§]						
Below HS graduate [†]	5,833	41	38	0.7	0.50	(0.36, 0.69)
HS diploma (REF)	121,914	1,720	1,570	1.3	1.00	-
Some college	15,439	196	188	1.2	0.95	(0.81, 1.10)
Bachelor's or higher	10,726	114	104	1.0	0.75	(0.61, 0.92)
AFQT Score[§]						
93 – 99 (REF)	9,595	130	113	1.2	1.00	-
65 – 92	58,884	818	743	1.3	1.07	(0.88, 1.31)
50 – 64	39,946	547	505	1.3	1.07	(0.88, 1.32)
30 – 49	42,649	569	532	1.2	1.06	(0.86, 1.30)
11 – 29	803	6	6	0.7	0.63	(0.28, 1.44)
Medical Status						
Fully Qualified (REF)	133,679	1,751	1,613	1.2	1.00	-
Temporary DQ	6,064	102	90	1.5	1.23	(1.00, 1.53)
Permanent DQ	14,208	218	198	1.4	1.16	(1.00, 1.34)
Total	153,951	2,071	1,900	1.2		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

[‡] Hospitalizations for pregnancy/childbirth are included.

Table 39 shows the risk of hospitalization within one year of accession for National Guard enlisted personnel. The risk of hospitalization in the first year of service was highest for Army National Guard enlistees, women, and those between ages 21 and 25. National Guard enlistees who had less than a high school diploma had lower risk of hospitalization than enlistees with other education credentials. Those with AFQT scores in the 30th to 49th percentile had significantly higher risk of hospitalization as compared to other AFQT score groups. There was no difference in risk by race or medical status.

TABLE 39: HOSPITAL ADMISSIONS WITHIN ONE YEAR OF ACCESSION FOR NATIONAL GUARD COMPONENT ENLISTED PERSONNEL ACCESSIONED IN 2010-2015: ALL SERVICES

	Accessed (n)	Admissions (n)	Individuals hospitalized			
			n	%	Crude RR	95% CI
Service[§]						
Army (REF)	210,090	2,312	2,121	1.0	1.00	-
Air Force	28,450	199	180	0.6	0.62	(0.54, 0.73)
Sex[§]						
Male (REF)	186,455	1,885	1,727	0.9	1.00	-
Female [†]	52,085	626	574	1.1	1.19	(1.08, 1.31)
Age at Accession[§]						
17 – 20 (REF)	158,646	1,582	1,461	0.9	1.00	-
21 – 25	52,678	644	585	1.1	1.21	(1.10, 1.33)
> 25	27,189	285	255	0.9	1.02	(0.89, 1.16)
Race[§]						
White (REF)	185,700	1,934	1,772	1.0	1.00	-
Black	42,435	469	427	1.0	1.06	(0.95, 1.17)
Other	10,405	108	102	1.0	1.03	(0.84, 1.26)
Education Level[§]						
Below HS graduate [†]	19,986	172	160	0.8	0.81	(0.69, 0.96)
HS diploma (REF)	170,455	1,834	1,678	1.0	1.00	-
Some college	33,398	361	331	1.0	1.00	(0.89, 1.13)
Bachelor's or higher	14,503	144	132	0.9	0.92	(0.77, 1.10)
AFQT Score[§]						
93 – 99 (REF)	14,911	140	127	0.9	1.00	-
65 – 92	84,500	844	775	0.9	1.08	(0.89, 1.30)
50 – 64	58,517	645	587	1.0	1.18	(0.97, 1.43)
30 – 49	75,131	843	776	1.0	1.21	(1.01, 1.47)
11 – 29	4,371	38	35	0.8	0.94	(0.65, 1.37)
Medical Status						
Fully Qualified (REF)	203,140	2,144	2,115	1.0	1.00	-
Temporary DQ	14,230	149	136	1.0	0.92	(0.77, 1.09)
Permanent DQ	21,170	218	199	0.9	0.91	(0.78, 1.04)
Total	247,399	2,511	2,301	0.9		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

[‡] Hospitalizations for pregnancy/childbirth are included.

Hospitalizations for enlisted service members by condition category and service are shown in Tables 40-45 for the years 2010 to 2014 in aggregate and separately for 2015. The most common condition categories in the first and second year of service for each component are shown.

Table 40 shows the 10 most common condition categories during the first year of service for active component enlistees, by service. For each service, mental disorders were the most common conditions for which hospitalizations occurred in the first year of service in 2010-2014 and 2015. The percentage of hospitalizations in 2015 attributable to this category was lower in the Army (27%) and Marine Corps (29%) than in the Navy (33%) and the Air Force (34%). Compared to the previous five year period, the percentage of mental disorders in 2015 has increased for each service. Among Army enlistees, the next most common condition categories in 2015 were pneumonia and influenza (5%) and infections of skin and subcutaneous tissue (4%). The percentage of hospitalizations for pneumonia and influenza has decreased compared to 2010-2014. Among Navy enlistees in 2015, the next most common reasons for hospitalization were psychoses (7%), alcohol and drug dependence (6%) and appendicitis (5%). Among Marine Corps, pneumonia and influenza (13%), infections of the skin and subcutaneous tissue (11%), and nonspecific symptoms (4%) were the next most common hospitalizations in 2015. Appendicitis (8%), psychoses (7%), and nonspecific symptoms (6%) were the next most common hospitalizations among Air Force enlistees.

TABLE 40: DISTRIBUTION OF PRIMARY CAUSE CATEGORIES FOR HOSPITALIZATIONS DURING FIRST YEAR OF SERVICE AMONG ACTIVE COMPONENT ENLISTEES IN 2010-2014 VS. 2015 BY SERVICE

Category	Army		Navy		Marine Corps		Air Force	
	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]
Mental disorders (not including psychoses)	19.9	27.3	28.1	32.7	21.4	28.8	34.6	34.3
Pneumonia and influenza	9.1	5.0	3.3	0.2	13.0	12.5	5.0	3.2
Infections of skin and subcutaneous tissue	6.2	4.2	5.1	4.7	11.9	11.1	4.8	4.5
Nonspecific symptoms	5.6	7.0	5.6	3.4	4.2	4.2	6.1	5.7
Fracture	5.5	4.0	3.3	3.6	4.1	4.0	2.4	2.2
Psychoses	5.3	5.7	7.3	6.8	3.2	2.4	5.1	7.2
Injuries	3.8	2.6	2.4	2.5	2.6	3.3	1.7	2.2
Appendicitis	3.5	2.7	5.9	5.3	3.3	2.7	4.8	8.0
Other and unspecified effects of external causes	2.6	4.3	0.4	0.4	2.3	2.5	1.2	0.7
Alcohol and drug dependence	2.4	3.2	4.8	6.4	0.9	1.4	0.9	1.0
Rheumatism, excluding the back	2.3	2.4	1.8	1.9	3.8	3.7	2.2	4.7

[§]Percent of total hospitalizations

As shown in Table 41, during the second year of service for active component enlistees hospitalizations for complications of pregnancy, childbirth, and the puerperium are the most common across the services, except for in the Marine Corps in which mental disorders remain the most common cause of hospitalizations. The percentage of hospitalizations in 2015 in this category was higher among Navy (35%), Air Force (32%), and Army (29%) enlistees than among the Marine Corps enlistees (19%). Hospitalization rates for childbirth were similar compared to the previous five years. Mental disorders were the next most common cause of hospitalization in the Army (22%), Navy (21%), and Air Force (9%) and the leading cause of hospitalizations among the Marine Corps (27%). In all services but the Army and Marine Corps, there was an increase in hospitalizations for mental disorders compared to the previous five year period. In the Navy, hospitalizations for mental disorders in 2015 were similar to the previous five year period, and in the Air Force, hospitalization for mental disorders decreased in 2015.

TABLE 41: DISTRIBUTION OF PRIMARY CAUSE CATEGORIES FOR HOSPITALIZATIONS DURING SECOND YEAR OF SERVICE AMONG ACTIVE COMPONENT ENLISTEES IN 2010-2014 VS. 2015 BY SERVICE

Category	Army		Navy		Marine Corps		Air Force	
	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]
Complications of pregnancy, childbirth, and the puerperium	31.0	29.4	37.2	34.6	20.3	18.5	34.0	31.8
Mental disorders	14.2	21.5	19.4	20.6	21.2	26.7	9.2	8.9
Fracture	7.0	3.7	3.2	2.5	8.1	4.8	3.1	3.9
Injuries	5.4	3.1	1.5	1.4	5.5	5.2	2.1	2.4
Psychoses	4.2	5.3	7.6	8.3	5.8	5.4	5.8	7.4
Alcohol and drug dependence	3.2	3.2	3.6	7.2	3.0	3.6	1.9	3.0
Appendicitis	3.0	3.2	2.7	3.2	4.2	4.6	5.4	7.1
Nonspecific symptoms	3.0	2.2	2.9	2.4	3.1	3.5	4.1	3.3
Complications of surgical and medical care, not elsewhere classified	2.1	1.4	0.9	0.8	2.3	2.0	2.3	1.5
Poisoning and toxic effects	1.9	2.3	2.0	1.5	2.3	2.8	1.4	2.4
Infections of skin and subcutaneous tissue	1.8	2.0	1.5	1.5	3.1	3.8	2.5	0.9

[§]Percent of total hospitalizations

Tables 42 and 43 show the most common condition categories during the first and second year of service among reserve component enlistees by service. In Table 42, mental disorders in the first year of service was the most common condition category for hospitalization in 2015 in the Army (28%), Navy (37%), and Air Force (53%), and the second most common condition category in the Marine Corps (26%). In all services, the prevalence of mental disorders in 2015 increased relative to the previous five year period. Pneumonia and influenza was the most common condition for which hospitalizations occurred in the Marine Corps (27%) and the second most common condition in the Army (11%). Infections of skin and subcutaneous tissue (13%) as the second most common cause and of hospitalization in the Air Force and nonspecific symptoms was the second most common hospitalization condition in the Navy.

TABLE 42: DISTRIBUTION OF PRIMARY CAUSE CATEGORIES FOR HOSPITALIZATIONS DURING FIRST YEAR OF SERVICE AMONG **RESERVE** COMPONENT ENLISTEES IN 2010-2014 VS. 2015 BY SERVICE

Category	Army		Navy		Marine Corps		Air Force	
	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]
Mental disorders (not including psychoses)	15.2	20.3	14.9	22.6	13.0	21.0	29.6	32.0
Pneumonia and influenza	12.1	7.9	1.5	0.0	20.2	21.8	3.2	4.0
Nonspecific symptoms	6.8	5.1	3.0	12.9	3.0	4.0	12.7	4.0
Diseases of the oral cavity, salivary glands, and jaws	6.8	4.5	0.0	0.0	2.8	2.4	5.3	0.0
Rheumatism, excluding the back	4.8	1.1	1.5	0.0	7.3	4.0	1.6	4.0
Psychoses	4.5	6.2	9.0	9.7	1.5	4.0	7.9	0.0
Appendicitis	4.1	1.7	14.9	0.0	3.3	2.4	0.5	0.0
Infections of skin and subcutaneous tissue	4.0	6.8	3.0	0.0	14.8	15.3	6.3	8.0
Fracture	3.7	4.5	9.0	6.5	2.5	1.6	3.7	0.0
Osteopathies, chondropathies, and acquired musculoskeletal deformities	3.2	5.1	1.5	0.0	1.2	0.0	0.0	0.0
Other and unspecified effects of external causes	2.8	3.4	0.0	0.0	3.7	1.6	2.1	4.0

[§]Percent of total hospitalizations

Table 43 shows the most common conditions requiring hospitalization during the second year of reserve component service. Among Army reserve enlistees in 2015, mental disorders (15%), complications of pregnancy, childbirth, and the puerperium (7%), and infections of skin and subcutaneous tissue (7%) were the three most common causes of hospitalization in the second year of service. In the Navy in 2015, complications of pregnancy, childbirth, and the puerperium (41%) and mental disorder (24%) were the top two condition categories for hospitalization. The leading conditions in Marine Corps reserve enlistees for 2010-2014 were mental disorders (25%), infections of skin and subcutaneous tissue (18%), and psychoses (8%). In the period from 2010-2014 complications of pregnancy, childbirth, and the puerperium (20%) was the most common cause of hospitalizations in the Air Force reserve enlistees.

TABLE 43: DISTRIBUTION OF PRIMARY CAUSE CATEGORIES FOR HOSPITALIZATIONS DURING SECOND YEAR OF SERVICE AMONG RESERVE COMPONENT ENLISTEES IN 2010-2014 VS. 2015 BY SERVICE

Category	Army		Navy		Marine Corps		Air Force	
	2010-2014 ^s	2015 ^s	2010-2014 ^s	2015 ^s	2010-2014 ^s	2015 ^s	2010-2014 ^s	2015 ^s
Mental disorders (not including psychoses)	24.0	14.8	16.0	23.5	25.0	40.0	2.4	50.0
Nonspecific symptoms	7.3	0.0	4.0	0.0	5.0	0.0	7.3	0.0
Complications of pregnancy, childbirth, and the puerperium	5.3	7.4	34.0	41.2	0.0	0.0	19.5	0.0
Infections of skin and subcutaneous tissue	5.3	7.4	4.0	5.9	17.5	0.0	4.9	0.0
Appendicitis	4.7	3.7	6.0	0.0	5.0	0.0	2.4	0.0
Diseases of the oral cavity, salivary glands, and jaws	4.0	0.0	0.0	0.0	0.0	0.0	4.9	0.0
Other bacterial diseases	2.7	0.0	0.0	5.9	0.0	0.0	0.0	0.0
Other diseases due to viruses and chlamydiae	2.7	0.0	0.0	0.0	2.5	0.0	0.0	0.0
Psychoses	2.7	11.1	10.0	0.0	7.5	20.0	4.9	0.0
Acute respiratory infections	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Noninfectious enteritis and colitis	2.7	0.0	0.0	0.0	5.0	0.0	4.9	0.0

^sPercent of total hospitalizations

Tables 44 and 45 show the primary cause categories for hospitalization during the first and second year of service, respectively, among National Guard enlistees by service. As shown in Table 44, in 2015, mental disorders were the most common cause of hospitalization among both Army (20%) and Air (46%) National Guard enlistees. The percentage of hospitalizations due to mental disorders increased for both Army and Air National Guard compared to the previous five year period. Pneumonia and influenza (13%), nonspecific symptoms (11%), and infections of skin and subcutaneous tissue (9%) and were the next most common causes of hospitalization in the Army National Guard in the first year of service. Among Air National Guard enlistees, fracture (13%), infections of skin and subcutaneous tissue (8%) were the next most common causes of hospitalization.

TABLE 44: DISTRIBUTION OF PRIMARY CAUSE CATEGORIES FOR HOSPITALIZATIONS DURING FIRST YEAR OF SERVICE AMONG NATIONAL GUARD ENLISTEES IN 2010-2014 VS. 2015 BY SERVICE

Category	Army		Air Force	
	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]
Mental disorders (not including psychoses)	16.9	19.6	36.4	45.8
Pneumonia and influenza	16.1	12.7	4.3	0.0
Infections of skin and subcutaneous tissue	9.1	8.6	6.4	8.3
Nonspecific symptoms	7.1	10.5	10.7	4.2
Fracture	5.1	2.8	3.6	12.5
Psychoses	4.9	6.4	5.7	0.0
Other and unspecified effects of external causes	4.4	6.4	1.4	0.0
Diseases of the oral cavity, salivary glands, and jaws	4.2	6.1	2.9	0.0
Rheumatism, excluding the back	3.9	1.7	4.3	4.2
Injuries	3.9	3.0	1.4	0.0

[§]Percent of total hospitalizations

Table 45 shows the causes for hospitalization in the second year of service for the National Guard. Mental disorders (25%), psychoses (12%), and other and infections of skin and subcutaneous tissue (7%) were the most common causes of hospitalization among Army National Guard enlistees in the second year of service in 2015. The number of hospitalizations in the second year of service for the Air Guard was too small for comparisons in 2015. During the previous five year period, nonspecific symptoms (13%), mental disorders (8%), pneumonia and influenza (8%), and infections of the skin and subcutaneous tissue were the top causes of hospitalizations.

TABLE 45: DISTRIBUTION OF PRIMARY CAUSE CATEGORIES FOR HOSPITALIZATIONS DURING SECOND YEAR OF SERVICE AMONG **NATIONAL GUARD** ENLISTEES IN 2010-2014 VS. 2015 BY SERVICE

Category	Army		Air Force	
	2010-2014 [§]	2015 [§]	2010-2014 [§]	2015 [§]
Mental disorders (not including psychoses)	18.2	24.7	8.3	20.0
Fracture	7.1	3.5	4.2	20.0
Nonspecific symptoms	6.2	4.7	12.5	6.7
Psychoses	5.8	11.8	4.2	0.0
Pneumonia and influenza	5.5	2.4	8.3	6.7
Infections of skin and subcutaneous tissue	5.5	7.1	8.3	0.0
Injuries	5.5	0.0	0.0	0.0
Diseases of the oral cavity, salivary glands, and jaws	4.5	1.2	0.0	0.0
Other and unspecified effects of external causes	4.5	5.9	4.2	0.0
Complications of surgical and medical care, not elsewhere classified	2.6	1.2	0.0	0.0

[§]Percent of total hospitalizations

Attrition

Attrition is one of the key outcomes of interest to AMSARA. This section provides a description of attrition among first-time active duty, reserves, and National Guard enlisted accessions into the Army, Navy, Marines, and Air Force from 2010 to 2015. Tables 47-49 display the period-specific and cumulative probability of service member attrition at 90, 180, 365, and 730 days following accession by service, year of accession, sex, race, age at accession, education, AFQT percentile score at accession, and medical disqualification status. Censoring may result from a lack of full follow-up or from certain DMDC transactions that result in the generation of a loss date but are not considered attrition. The most common cause of non-attrition loss was expiration of term of service (1001), followed by disability with severance pay (1011) and other early releases (1008). Loss records generated for these events, noted in Table 46, were not counted among the attritions reported in Tables 47-49.

TABLE 46: INTERSERVICE SEPARATION CODE LOSS CATEGORIES EXCLUDED FROM ATTRITION

ISC Code	Description	ISC Code	Description
1000	Unknown or Invalid	1031	Death, Non-Battle - Disease
1001	Expiration of Term of Service	1032	Death, Non-Battle - Other
1003	Early Release - To Attend School	1033	Death, Not Specified
1004	Early Release – Police Duty	1040	Officer Commissioning Program
1005	Early Release - In the National Interest	1041	Warrant Officer Program
1006	Early Release – Seasonal Employment	1042	Military Service Academy
1007	Early Release – To Teach	1050	Retirement, 20-30 yrs of Service
1008	Early Release - Other (incl RIF/VSI/SSB)	1051	Retirement, Over 30 yrs of Service
1011	Disability - Severance Pay	1052	Retirement, Other Categories
1012	Permanent Disability - Retired	1100	Immediate Reenlistment
1013	Temporary Disability - Retired	1103	Record Correction
1014	Disability - Non EPTS - No Severance Pay	1104	Dropped from Strength as MIA/POW
1015	Disability - Title 10 Retirement	1105	Dropped from Strength, Other
1030	Death, Battle Casualty		

ISC: Interservice Separation Code; RIF: Reduction in force; VSI: voluntary separation initiative; SSB: special separation benefit; EPTS: Existed Prior to Service; MIA: missing in action; POW: prisoner of war

Table 47 shows the period specific attrition percent as well as the cumulative attrition percent at 90, 180, 365, and 730 days following accession onto enlisted active component service from 2010-2015. Overall attrition in enlisted active component accessions in the first two years of service was about 14%. About half of the attrition that occurs during the first two years of service occurs in the first 90 days of service (7%).

Overall, the Marine Corps had the lowest percent attrition (11%) at two years of service while the Army had the highest (17%). Attrition in the first 90 days of service was highest in the Navy (8%) and lowest in the Air Force (5%). The patterns of cumulative attrition percent after one year of service was similar to the pattern observed at two years.

When examined by year of accession, attrition in the first 90 days of service was highest in those who accessed in 2012. Cumulative attrition in the first and second years of service was similar across accession years. Two years of complete follow-up time were not available for all 2014 and 2015 accessions. Therefore, attrition rates are not provided for 2014 accessions after 365 days and are not provided for 2015 accessions after 180 days and all estimates of attrition rates among 2015 accessions should be considered underestimates

The proportion of accessions lost is consistently higher at all points of follow-up for females relative to males. Attrition was highest at all time points among those who were 17-20 years-old.

Whites had the highest proportion of losses among accessions at all points of follow-up, from 90 days (7%) through 2 years (14%). When attrition was examined by education level it was found that enlistees with higher levels of education had lower rates of attrition. Those with a bachelor's degree and above consistently had the lowest proportion of losses among accessions at all points of follow-up. Those without a high school diploma had the highest rates of attrition at all points of follow-up. Attrition rates by AFQT percentile scores generally followed a pattern similar to education. The proportion lost at all points of follow-up was lowest for the highest percentile score group (93-99) and highest in the second lowest percentile group (30-49).

At all points of follow-up by medical status, the attrition rates were lowest among fully qualified accessions.

TABLE 47: ATTRITION AMONG FIRST TIME ACTIVE COMPONENT ENLISTED ACCESSIONS IN 2010-2015 BY DAYS SINCE ACCESSION: ALL SERVICES

		Days 0-90 Attrition			Days 91-180 Attrition			Days 181-365 Attrition			Days 366-730 Attrition		
	Accessed (n)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	366,565	24,743	6.7	6.7	12,115	3.3	10.1	8,374	2.3	12.3	15,140	4.1	16.5
Navy	215,022	17,934	8.3	8.3	2,949	1.4	9.7	3,402	1.6	11.3	5,261	2.4	13.7
Marine Corps	178,845	10,525	5.9	5.9	2,271	1.3	7.2	2,625	1.5	8.6	3,547	2.0	10.6
Air Force	160,253	7,962	5.0	5.0	3,631	2.3	7.2	3,439	2.1	9.4	4,021	2.5	11.9
FY of Accession													
2010	159,768	10,175	6.4	6.4	3,830	2.4	8.8	3,744	2.3	11.1	6,408	4.0	15.1
2011	152,683	9,709	6.4	6.4	3,583	2.3	8.7	3,474	2.3	11.0	6,367	4.2	15.2
2012	155,694	11,267	7.2	7.2	3,323	2.1	9.4	3,532	2.3	11.6	5,924	3.8	15.4
2013	165,967	11,247	6.8	6.8	4,199	2.5	9.3	3,601	2.2	11.5	6,649	4.0	15.5
2014 ^y	140,016	9,902	7.1	7.1	3,600	2.6	9.6	2,858	2.0	11.7	2,621	-	-
2015 ^y	146,557	8,864	6.0	6.0	2,431	1.7	7.7	631	-	-	-	-	-
Sex^z													
Male	764,598	45,905	6.0	6.0	15,670	2.0	8.1	14,024	1.8	9.9	22,768	3.0	12.9
Female	156,087	15,259	9.8	9.8	5,296	3.4	13.2	3,816	2.4	16.1	5,201	3.3	19.4
Age at Accession^z													
17 – 20	602,781	41,435	6.9	6.9	14,616	2.4	9.3	13,078	2.2	11.5	20,291	3.4	14.8
21 – 25	254,040	15,905	6.3	6.3	5,079	2.0	8.3	3,907	1.5	9.8	6,421	2.5	12.3
> 25	63,851	3,821	6.0	6.0	1,271	2.0	8.0	855	1.3	9.3	1,257	2.0	11.3
Race^z													
White	674,750	46,212	6.8	6.8	15,635	2.3	9.2	13,499	2.0	11.2	19,822	2.9	14.1
Black	162,459	9,804	6.0	6.0	3,759	2.3	8.3	3,009	1.9	10.2	6,132	3.8	14.0
Other	83,476	5,148	6.2	6.2	1,572	1.9	8.1	1,332	1.6	9.6	2,015	2.4	12.1
Education Level^z													
Below HS graduate ^z	299	30	10.0	10.0	10	3.3	13.4	7	2.3	15.7	13	4.3	20.1
HS diploma	797,612	54,474	6.8	6.8	18,603	2.3	9.2	16,007	2.0	11.2	25,183	3.2	14.3
Some college	69,305	4,494	6.5	6.5	1,659	2.4	8.9	1,243	1.8	10.7	2,086	3.0	13.7
Bachelor's or higher	53,338	2,144	4.0	4.0	685	1.3	5.3	572	1.1	6.4	687	1.3	7.7
AFQT Score^z													
93 – 99	65,456	3,155	4.8	4.8	1,042	1.6	6.4	935	1.4	7.8	1,299	2.0	9.8
65 – 92	371,538	22,678	6.1	6.1	6,995	1.9	8.0	7,051	1.9	9.9	9,668	2.6	12.5
50 – 64	259,696	18,503	7.1	7.1	6,151	2.4	9.5	5,416	2.1	11.6	8,319	3.2	14.8
30 – 49	214,479	16,210	7.6	7.6	6,639	3.1	10.7	4,296	2.0	12.7	8,573	4.0	16.7
11 – 29	1,865	97	5.2	5.2	91	4.9	10.1	47	2.5	12.6	47	2.5	15.1
Medical Status													
Fully Qualified	798,521	50,591	6.3	6.3	17,445	2.2	8.5	15,385	1.9	10.4	24,353	3.0	13.5
Temporary DQ	32,729	2,710	8.3	8.3	1,050	3.2	11.5	767	2.3	13.8	1,258	3.8	17.7
Permanent DQ	89,435	7,863	8.8	8.8	2,471	2.8	11.6	1,688	1.9	13.4	2,358	2.6	16.1
Total^z	920,685	61,164	6.6	6.6	20,966	2.3	8.9	17,840	1.9	10.9	27,969	3.0	13.9

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

^z Individuals with missing values for demographic variables are included in the total.^y Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.^x Attrition is not calculated after 365 days among 2014 accessions or after 180 days in 2015 accessions and is underestimated in all 2015 accessions due to lack of sufficient follow-up time.

Table 48 shows the period-specific attrition percent as well as the cumulative attrition percent at 90, 180, 365, and 730 days following accession onto enlisted reserve service from 2010-2015. Overall, attrition in enlisted reserve accessions in the first two years of service was about 5%. About half of the attrition that occurs during the first two years of service occurs in the first 180 days of service (3%).

Overall, the Marine Corps and Air Force had the highest percent attrition (11%) at two years of service while the Navy has the lowest attrition (0.6%). Attrition in the first 90 days of service was highest in the Marine Corps (6%) and lowest in the Army and Navy (0.1-0.3%). At 365 days, the percent of attrition was similar in the Marine Corps and Air Force (8%), with lower rates observed in the Army (3%) and Navy (0.2%). The pattern of cumulative attrition percent after one year of service was similar to the pattern observed at two years.

When examined by year of accession, cumulative attrition did not vary substantially by of the time period of attrition. Two years of complete follow-up time were not available for all 2014 and 2015 accessions. Therefore, attrition rates are not provided for 2014 accessions after 365 days and are not provided for 2015 accessions after 180 days.

The proportion of accessions lost is lower in females than males in the first 90 days. After the first 180 days of service females have higher rates of attrition relative to males. Attrition rates were similar for reserve enlistees in the 17-20 and 21-25 age groups. The attrition rate at each time period of attrition was lowest among reserve enlistees over the age of 25.

Attrition was comparable among White and Black enlisted reserves. Individuals within other race categories had lower attrition than both White and Black reservists regardless of the time of attrition. The proportion of accessions lost is consistently higher at all points of follow-up for those with a high school diploma. Those without a high school diploma had the lowest rates of attrition at all points of follow-up. The proportion lost at all points of follow-up was lowest for the highest percentile score group (93-99) and highest in the second lowest percentile group (30-49).

At all points of follow-up, the attrition rates were lowest among fully qualified accessions. At 90 days, attrition was highest among those with a permanent medical disqualification. After 90 days the rate of attrition among those with temporary and permanent disqualifications was similar and higher than the attrition rate among fully qualified accessions.

TABLE 48: ATTRITION AMONG FIRST TIME RESERVE COMPONENT ENLISTED ACCESSIONS IN 2010-2015 BY DAYS SINCE ACCESSION: ALL SERVICES

	Accessed (n)	Days 0-90 Attrition			Days 91-180 Attrition			Days 181-365 Attrition			Days 366-730 Attrition		
		n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	83,275	261	0.3	0.3	965	1.2	1.5	1,036	1.2	2.7	236	0.3	3.0
Navy	17,358	11	0.1	0.1	3	<0.1	0.1	19	0.1	0.2	67	0.4	0.6
Marine Corps	32,466	1,946	6.0	6.0	380	1.2	7.2	256	0.8	8.0	822	2.5	10.5
Air Force	20,852	197	0.9	0.9	564	2.7	3.6	940	4.5	8.2	560	2.7	10.8
FY of Accession													
2010	28,347	468	1.7	1.7	342	1.2	2.9	512	1.8	4.7	466	1.6	6.3
2011	30,488	403	1.3	1.3	374	1.2	2.5	478	1.6	4.1	353	1.2	5.3
2012	24,323	340	1.4	1.4	284	1.2	2.6	410	1.7	4.3	392	1.6	5.9
2013	21,292	368	1.7	1.7	311	1.5	3.2	394	1.9	5.0	325	1.5	6.6
2014 [†]	24,677	489	2.0	2.0	410	1.7	3.6	385	1.6	5.2	149	0.6	5.8
2015 [‡]	24,824	347	1.4	1.4	191	0.8	2.2	72	0.3	2.5	-	-	-
Sex[§]													
Male	119,469	2,105	1.8	1.8	1,312	1.1	2.9	1,419	1.2	4.0	1,354	1.1	5.2
Female	34,481	310	0.9	0.9	599	1.7	2.6	832	2.4	5.0	331	1.0	6.0
Age at Accession[§]													
17 – 20	97,164	1,584	1.6	1.6	1,223	1.3	2.9	1,456	1.5	4.4	1,174	1.2	5.6
21 – 25	36,328	634	1.7	1.7	461	1.3	3.0	529	1.5	4.5	388	1.1	5.5
> 25	20,398	197	1.0	1.0	228	1.1	2.1	265	1.3	3.4	123	0.6	4.0
Race[§]													
White	108,032	1,916	1.8	1.8	1,348	1.2	3.0	1,564	1.4	4.5	1,200	1.1	5.6
Black	32,848	384	1.2	1.2	476	1.4	2.6	576	1.8	4.4	373	1.1	5.5
Other	13,071	115	0.9	0.9	88	0.7	1.6	111	0.8	2.4	112	0.9	3.3
Education Level[§]													
Below HS graduate [†]	5,833	7	0.1	0.1	55	0.9	1.1	50	0.9	1.9	32	0.5	2.5
HS diploma	121,914	2,075	1.7	1.7	1,553	1.3	3.0	1,804	1.5	4.5	1,467	1.2	5.7
Some college	15,439	168	1.1	1.1	217	1.4	2.5	278	1.8	4.3	133	0.9	5.2
Bachelor's or higher	10,726	161	1.5	1.5	87	0.8	2.3	115	1.1	3.4	53	0.5	3.9
AFQT Score[§]													
93 – 99	9,595	132	1.4	1.4	75	0.8	2.2	83	0.9	3.0	84	0.9	3.9
65 – 92	58,884	908	1.5	1.5	599	1.0	2.6	755	1.3	3.8	584	1.0	4.8
50 – 64	39,946	609	1.5	1.5	524	1.3	2.8	597	1.5	4.3	521	1.3	5.6
30 – 49	42,649	684	1.6	1.6	697	1.6	3.2	765	1.8	5.0	486	1.1	6.2
11 – 29	803	5	0.6	0.6	12	1.5	2.1	22	2.7	4.9	2	0.2	5.1
Medical Status													
Fully Qualified	133,679	1,951	1.5	1.5	1,586	1.2	2.6	1,898	1.4	4.1	1,472	1.1	5.2
Temporary DQ	6,064	111	1.8	1.8	101	1.7	3.5	116	1.9	5.4	72	1.2	6.6
Permanent DQ	14,208	337	2.4	2.4	225	1.6	4.0	237	1.7	5.6	141	1.0	6.6
Total[§]	153,951	2,415	1.6	1.6	1,912	1.2	2.8	2,251	1.5	4.3	1,685	1.1	5.4

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following three cases: 1) one who is pursuing completion of the GED or other test based high school equivalency diploma, vocational school, or secondary school, etc.; 2) one who is not attending high school and who is neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school but is not yet a senior.

[‡] Attrition is not calculated after 365 days among 2014 accessions or after 180 days in 2015 accessions and is underestimated in all 2015 accessions due to lack of sufficient follow-up time.

Table 49 shows the period-specific attrition percent as well as the cumulative attrition percent at 90, 180, 365, and 730 days following accession onto enlisted National Guard service from 2010-2015. A relatively small number of personnel met AMSARA criteria for attrition in the first two years of service; less than 1% of the total National Guard population regardless of time period. Therefore, no conclusions can be drawn with respect to attrition among National Guard Service members.

TABLE 49: ATTRITION AMONG FIRST TIME NATIONAL GUARD COMPONENT ENLISTED ACCESSIONS IN 2010-2015 BY DAYS SINCE ACCESSION: ARMY AND AIR FORCE

	Accessed (n)	Days 0-90 Attrition			Days 91-180 Attrition			Days 181-365 Attrition			Days 366-730 Attrition		
		n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)	n	Period (%)	Cumul (%)
Service													
Army	210,090	3	<0.1	<0.1	11	<0.1	<0.1	20	<0.1	<0.1	5	<0.1	<0.1
Air Force	28,450	14	<0.1	<0.1	76	0.3	0.3	392	1.6	1.7	804	3.3	5.0
FY of Accession													
2010	46,183	5	<0.1	<0.1	19	0.1	0.1	88	0.2	0.3	214	0.5	0.8
2011	40,258	3	<0.1	<0.1	24	<0.1	0.1	90	0.2	0.2	135	0.3	0.5
2012	42,134	3	<0.1	<0.1	16	0.1	0.1	74	0.2	0.2	196	0.5	0.7
2013	28,695	2	<0.1	<0.1	7	<0.1	<0.1	83	0.3	0.3	208	0.7	1.0
2014 ^y	43,384	1	<0.1	<0.1	12	<0.1	<0.1	74	0.2	0.2	-	-	-
2015 ^y	37,886	3	-	-	9	<0.1	<0.1	3	-	-	-	-	-
Sex^z													
Male	186,455	12	<0.1	<0.1	65	<0.1	<0.1	280	0.2	0.2	575	0.3	0.5
Female	52,085	5	<0.1	<0.1	22	<0.1	0.1	132	0.3	0.3	234	0.4	0.7
Age at Accession^z													
17 – 20	158,646	5	<0.1	<0.1	52	<0.1	<0.1	231	0.1	0.2	410	0.3	0.4
21 – 25	52,678	8	<0.1	<0.1	22	<0.1	0.1	111	0.2	0.3	253	0.5	0.7
> 25	27,189	4	<0.1	<0.1	13	<0.1	0.1	70	0.3	0.3	146	0.5	0.8
Race^z													
White	185,700	15	<0.1	<0.1	72	<0.1	<0.1	347	0.2	0.2	659	0.4	0.5
Black	42,435	2	<0.1	<0.1	10	<0.1	<0.1	49	0.1	0.1	122	0.3	0.4
Other	10,405	0	-	-	5	0.1	0.1	16	0.2	0.2	28	0.3	0.4
Education Level^z													
Below HS graduate ^z	19,986		<0.1	<0.1	0	-	-	3	<0.1	<0.1	4	<0.1	<0.1
HS diploma	170,455	14	<0.1	<0.1	70	<0.1	0.1	337	0.2	0.2	650	0.4	0.6
Some college	33,398	2	<0.1	<0.1	14	<0.1	<0.1	47	0.1	0.1	98	0.3	0.4
Bachelor's or higher	14,503	1	<0.1	<0.1	3	<0.1	<0.1	24	0.2	0.2	54	0.4	0.5
AFQT Score^z													
93 – 99	14,911	0	-	-	1	<0.1	<0.1	19	0.1	0.1	46	0.3	0.4
65 – 92	84,500	7	<0.1	<0.1	27	<0.1	<0.1	141	0.2	0.2	328	0.4	0.6
50 – 64	58,517	4	<0.1	<0.1	29	0.1	0.1	127	0.2	0.3	188	0.3	0.5
30 – 49	75,131	6	<0.1	<0.1	30	<0.1	<0.1	125	0.2	0.2	239	0.3	0.5
11 – 29	4,371	0	-	-	0	-	-	0	-	-	8	0.2	0.2
Medical Status													
Fully Qualified	203,140	14	<0.1	<0.1	74	<0.1	<0.1	340	0.2	0.2	690	0.3	0.5
Temporary DQ	14,230	2	<0.1	<0.1	7	<0.1	<0.1	31	0.2	0.3	40	0.3	0.5
Permanent DQ	21,170	1	<0.1	<0.1	6	<0.1	0.1	41	0.2	0.2	79	0.4	0.6
Total^z	238,540	17	<0.1	<0.1	87	<0.1	<0.1	412	0.2	0.2	809	0.3	0.5

FY: Fiscal Year; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; Cumul: Cumulative

^z Individuals with missing values for demographic variables are included in the total.

^y Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

^x Attrition is not calculated after 365 days among 2014 accessions or after 180 days in 2015 accessions and is underestimated in all 2015 accessions due to lack of sufficient follow-up time.

EPTS Discharges

Discharges for medical conditions Existing Prior to Service (EPTS) are of vital interest to AMSARA. A discharge can be classified as EPTS if the condition was verified to have existed before the recruit began service and if the complications leading to discharge arose no more than 180 days after the recruit began duty. EPTS data reporting has varied by site and over time – see “Data Sources” section for details (Table 3.1).

Part I summarizes the EPTS records provided to AMSARA, regardless of whether a corresponding accession record is available. EPTS records for active, reserve, and National Guard components are included. Part II only summarizes records for which a corresponding accession record is available. Due to the significant differences in the population between active, reserve, and National Guard components, results in Part II are stratified by component.

Part I: EPTS discharges irrespective of accession record

The number of EPTS discharge records by service branch, component, and year of discharge are shown for the period between 2010 and 2014 in Table 50. Numbers for each service and component often differ considerably from year to year (see Table 3.1 in “Data Sources”). Fluctuations in the numbers of reported EPTS discharges are also apparent for active component in each service branch. Army reported EPTS discharges from active component varied from 280 in 2014 to 1,820 in 2011. Air Force reported EPTS discharges from active component ranged from 357 in 2012 to 667 in 2014. In the Marine Corps and Navy, EPTS discharge counts vary from 566 in 2014 to 759 in 2011 and 1 in 2014 to 1,727 in 2012, respectively.

TABLE 50: EPTS DISCHARGES OF ENLISTEES IN 2010-2014 BY SERVICE, COMPONENT, AND YEAR

Service	Component	2010	2011	2012	2013	2014	Total
Army	Active	1,528	1,820	830	664	280	5,122
	National Guard	666	918	341	245	97	2,267
	Reserve	207	276	88	29	43	643
Navy	Active	1,447	1,384	1,727	367	1	4,926
	Reserve	83	120	136	32	0	371
Marine Corps	Active	667	759	572	630	566	3,194
	Reserve	105	102	81	113	76	477
Air Force	Active	597	557	357	567	667	2,745
	National Guard	4	2	1	1	5	13
	Reserve	79	96	51	34	60	320
Total		5,383	6,034	4,184	2,685	1,799	20,085

Table 51 shows EPTS discharges between 2010 and 2014 for each branch of service by medical categories defined by USMEPCOM. The results are sorted according to the numbers of discharges from the Army, the largest service with the most reported EPTS discharges. Psychiatric discharges was the most common cause of EPTS discharges in the Army, accounting for 27% of all EPTS discharges, and in the Marine Corps, accounting for 29% of all EPTS discharges. Other orthopedic conditions was commonly ranked in the Army (10%), Navy (13%), and Air Force (8%). As a group, orthopedic conditions, including knee, back, feet, general, and other, account about 37% of discharges from the Army. All orthopedic conditions were also leading causes of EPTS discharge in the Navy (46%), Marine Corps (27%), and Air Force (46%). The observed differences in EPTS discharge category frequencies may be due in part to differences in how each service categorizes and reports EPTS discharges, particularly discharges for psychiatric conditions (Army and Air Force). Accordingly, differences across services may reflect procedural differences more than true EPTS rates, and any comparisons across services should be made cautiously.

TABLE 51: EPTS DISCHARGES OF ENLISTEES IN 2010-2014 BY CATEGORY AND SERVICE: ALL COMPONENTS

Condition	Army		Navy		Marine Corps		Air Force	
	n	%	n	%	n	%	n	%
Psychiatric - other	2,131	26.5	35	0.7	1,080	29.4	18	0.6
Ortho - other	837	10.4	689	13.0	151	4.1	254	8.3
Ortho - back	725	9.0	409	7.7	137	3.7	208	6.8
Asthma	619	7.7	597	11.3	255	6.9	127	4.1
Ortho - knee	589	7.3	465	8.8	126	3.4	337	11.0
Other - general	489	6.1	637	12.0	505	13.7	287	9.3
Ortho - feet	346	4.3	240	4.5	62	1.7	320	10.4
G-U (Incl. pregnancy)	296	3.7	296	5.6	93	2.5	108	3.5
Eyes - other	273	3.4	298	5.6	76	2.1	70	2.3
Neurology - other	203	2.5	597	10.9	129	3.5	154	5.0
All other categories	986	12.3	1,007	19.0	350	9.5	407	13.2
Other/Missing	538	6.7	27	0.5	714	19.4	788	25.6
Total	8,032		5,297		3,678		3,078	

Table 52 shows the 10 most common conditions leading to EPTS discharge for all Army enlistees in 2014, compared to the prevalence of EPTS discharges due to these conditions in 2010 to 2013. In 2014, unspecified pain in joint (16%), hearing loss (10%), and asthma (6%) were the leading causes of EPTS discharges. The observed prevalence of EPTS discharges for the leading conditions in 2014 was generally similar to the prevalence of conditions observed in the period from 2010 to 2013, with exception to hearing loss and corneal opacity. These two conditions rose from only 2% each during the 2010-2013 period, to 10% and 5% respectively. Discharges for depressive disorder decreased the most in prevalence, from 7% in the 2010 to 2014 period to 4% in 2014. Discharges for asthma also decreased notably, from 8% during 2010 to 2013, to 6% in 2014.

TABLE 52: LEADING PRIMARY EPTS DISCHARGE CONDITIONS FOR ALL ENLISTEES IN 2010-2013 vs. 2014: **ARMY**

Primary EPTS condition	2010-2013		2014	
	n	%	n	%
Pain in joint, site unspecified	999	13.1	66	15.7
Hearing loss	163	2.1	43	10.2
Asthma	628	8.3	25	6.0
Corneal opacity and other disorders of cornea	150	2.0	20	4.8
Other and unspecified disorders of back	410	5.4	19	4.5
Depressive disorder, not elsewhere classified	548	7.2	16	3.8
Adjustment reaction	328	4.3	12	2.9
Neurotic disorders	313	4.1	10	2.4
Other nonspecific abnormal findings	33	0.4	10	2.4
Hyperkinetic syndrome of childhood	231	3.0	9	2.1
All other EPTS discharge conditions	3,809	50.0	190	45.2
Total for EPTS discharge conditions	7,612		420	

Table 53 shows the 10 most common conditions leading to EPTS discharge for all Navy enlistees during the 2010 to 2013 period. For the fiscal year of 2014, only one EPTS discharge was reported to AMSARA (acquired deformity of toe). The top three conditions for EPTS discharge during the 2010 to 2013 period were unspecified pain in joint (13%), asthma (11%), and migraine (6%).

TABLE 53: LEADING PRIMARY EPTS DISCHARGE CONDITIONS FOR ALL ENLISTEES IN 2010-2013 vs. 2014: **NAVY**

Primary EPTS condition	2010-2013		2014	
	n	%	n	%
Pain in joint, site unspecified	677	12.8	-	-
Asthma	598	11.3	-	-
Migraine	318	6.0	-	-
Symptoms involving head and neck	232	4.4	-	-
Symptoms involving respiratory system and other chest symptoms	218	4.1	-	-
Other and unspecified disorders of back	205	3.9	-	-
Enthesopathy of knee, unspecified	147	2.8	-	-
Curvature of spine	142	2.7	-	-
Corneal opacity and other disorders of cornea	116	2.2	-	-
Viral hepatitis	113	2.1	-	-
All other EPTS discharge conditions	2,530	47.8	1 [†]	100.0
Total for EPTS discharge conditions	5,296		1	

[†]Only one condition reported in 2014: Acquired deformities of toe

Table 54 shows the 10 most common conditions leading to EPTS discharge for all Marine Corps enlistees in 2014, compared to the prevalence of the same conditions in 2010-2013. In 2014, neurotic disorders (12%), unspecified pain in joint (9%), and adjustment reaction (6%) were the leading cause of EPTS discharge. Increases in prevalence from 2010-2013 to 2014 included: unspecified pain in joint (6% to 9%), hyperkinetic syndrome of childhood (4% to 6%), and dentofacial anomalies (2% to 5%). Decreases in the prevalence from 2010-2013 to 2014 included: asthma (9% to 5%) and depressive disorder (9% to 3%). Table 54 shows the 10 most common conditions leading to EPTS discharge for all Marine Corps enlistees in 2014, compared to the prevalence of the same conditions in 2010-2013. In 2014, neurotic disorders (12%), unspecified pain in joint (9%), and adjustment reaction (6%) were the leading cause of EPTS discharge. Notable increases in prevalence from 2010-2013 to 2014 included: unspecified pain in joint (6% to 9%), hyperkinetic syndrome of childhood (4% to 6%), and dentofacial anomalies (2% to 5%). Decreases in prevalence from 2010-2013 to 2014 included: asthma (9% to 5%) and depressive disorder (9% to 3%).

TABLE 54: LEADING PRIMARY EPTS DISCHARGE CONDITIONS FOR ALL ENLISTEES IN 2010-2013 vs. 2014: **MARINE CORPS**

Primary EPTS condition	2010-2013		2014	
	n	%	n	%
Neurotic disorders	315	10.4	74	11.5
Pain in joint, site unspecified	168	5.5	58	9.0
Adjustment reaction	170	5.6	39	6.0
Hyperkinetic syndrome of childhood	113	3.7	39	6.0
Dentofacial anomalies, including malocclusion	46	1.5	34	5.3
Asthma	267	8.8	33	5.1
Toxic effect of other substances, chiefly nonmedicinal as to source	100	3.3	20	3.1
Depressive disorder, not elsewhere classified	258	8.5	19	2.9
Other and unspecified disorders of back	69	2.3	16	2.5
Hearing loss	55	1.8	15	2.3
All other EPTS discharge conditions	1,471	48.5	299	46.3
Total for EPTS discharge conditions	3,032		646	

Table 55 shows the 10 most common conditions leading to EPTS discharge for all enlistees in the Air Force in 2014, compared to prevalence of the same condition during 2010-2013. In 2014, unspecified pain in joint (17%), asthma (6%), and other and unspecified anemias (6%) were the leading causes of EPTS discharges. Notable increases in EPTS discharge prevalence from 2010-2013 to 2014 include: other and unspecified anemias (2% to 6%), disorders of muscle, ligament, and fascia (2% to 5%) symptoms involving respiratory system and other chest symptoms (3% to 5%), and unspecified disorder of bone and cartilage (0% to 2%). Notable decreases in EPTS discharge prevalence from 2010-2013 to 2014 include: unspecified pain in joint (19% to 17%), other and unspecified disorders of back (5% to 3%) and congenital valgus deformities of feet (7% to 3%).

TABLE 55: LEADING PRIMARY EPTS DISCHARGE CONDITIONS FOR ALL ENLISTEES IN 2010-2013 VS. 2014: AIR FORCE

Primary EPTS condition	2010-2013		2014	
	n	%	n	%
Pain in joint, site unspecified	449	19.1	126	17.2
Asthma	140	6.0	46	6.3
Other and unspecified anemias	47	2.0	42	5.7
Disorders of muscle, ligament, and fascia	46	2.0	39	5.3
Symptoms involving respiratory system and other chest symptoms	69	2.9	37	5.1
Other and unspecified disorders of back	121	5.2	25	3.4
Congenital valgus deformities of feet	163	6.9	19	2.6
Symptoms involving head and neck	40	1.7	18	2.5
Disorder of bone and cartilage, unspecified	0	0.0	17	2.3
Syncope and collapse	36	1.5	17	2.3
All other EPTS discharge conditions	1,235	52.6	346	47.3
Total for EPTS discharge conditions	2,346		732	

Part II: EPTS discharges with an accession record

EPTS discharges among all enlistees who accessed during 2010-2014 are summarized in Tables 56-61. Note that all references to years refer to the year of accession, rather than the year of discharge. Discharge numbers reflect only discharges occurring among individuals with an accession record in the specific year. As mentioned, an EPTS condition must be identified within the first 180 days of service; if the service member is hospitalized at 180 days of service, their EPTS discharge may not occur until after their hospital discharge.

Relative risks are used to compare the likelihood of EPTS discharge between demographic groups. The comparison group chosen for each comparison depends on the factor being considered. For factors with some inherent order (e.g., age group, which ranges from younger to older) it is the first or last group in that order, as appropriate. Otherwise, the comparison group is generally the largest group. All comparisons, particularly those by service branch, should be taken in light of EPTS data reporting fluctuations by service and over time (see “Data Sources” for details).

Table 56 shows EPTS discharges reported among individuals accessed into enlisted active component service during each year from 2010 through 2014. EPTS discharge data for 2014 accessions are not complete due to delays in reporting. The number of EPTS discharges and percent of accessions receiving an EPTS discharge was highest in 2011 accessions and lowest in 2013 accessions.

TABLE 56: EPTS DISCHARGES FROM ACTIVE COMPONENT BY ACCESSION YEAR: ALL SERVICES

Year of accession	Accessions (n)	Discharges (n)	Discharges (%)
2010	159,768	3,814	2.4
2011	152,683	4,177	2.7
2012	155,694	3,456	2.2
2013	165,967	1,886	1.1
2014 [†]	140,016	1,230	0.9
Total	774,128	14,563	

[†] Incomplete, due to delays in reporting

Table 57 shows EPTS discharges reported among individuals accessed into enlisted reserve component service during each year from 2010 through 2014. EPTS discharge data for 2014 accessions are not complete due to delays in reporting; therefore the total discharges are less than expected. The number of EPTS discharges and the percent of accessions receiving an EPTS discharge from the reserve component among 2010 and 2011 were relatively consistent, and decreased by approximately half among 2012 and 2013 accessions.

TABLE 57: EPTS DISCHARGES FROM RESERVE COMPONENT BY ACCESSION YEAR: ALL SERVICES

Year of accession	Accessions (n)	Discharges (n)	Discharges (%)
2010	28,347	407	1.4
2011	30,488	457	1.5
2012	24,323	173	0.7
2013	21,292	154	0.7
2014 [†]	24,677	121	0.5
Total	129,127	1,312	

[†] Incomplete, due to delays in reporting

Table 58 shows EPTS discharges reported among individuals accessed into enlisted National Guard component service during each year from 2010 through 2014. EPTS discharge data for 2014 are not complete due to delays in reporting; therefore the total discharges are less than expected. The number of EPTS discharges and the percent of accessions receiving EPTS discharges from the guard component among 2010-2011 accessions have remained relatively consistent, then decreased by approximately half among 2012 accessions and decreased by half again among 2013 accessions.

TABLE 58: EPTS DISCHARGES FROM NATIONAL GUARD COMPONENT BY ACCESSION YEAR: ARMY AND AIR FORCE

Year of accession	Accessions (n)	Discharges (n)	Discharges (%)
2010	46,183	745	1.6
2011	40,258	670	1.7
2012	42,134	290	0.7
2013	28,695	100	0.3
2014 [†]	43,384	45	0.1
Total	200,654	1,850	

[†] Incomplete, due to delays in reporting

Characteristics of enlisted active component accessions that ended in EPTS discharge are shown in Table 59. Navy (RR: 1.7; 95% CI: 1.6,1.8), Marine Corps (RR: 1.3; 95% CI: 1.3,1.4), and Air Force (RR: 1.3; 95% CI: 1.2,1.3) all had notably increased relative risk of EPTS discharge, compared to the Army. Other increased relative risk categories included: females (RR: 1.9; 95% CI: 1.8,1.9), below high school graduates (RR: 2.3; 95% CI: 1.3,4.1), all AFQT scores lower than the highest category (with exception of 11-29, but CI is generally weak here) and all medical statuses that were not fully qualified. Decreased relative risk categories included: all ages above the 17-20 category, black race, and all education categories above high school diploma (especially for bachelor's or higher). All other categories possessed a relative risk with a confidence interval that spanned the reference (1.00) value, indicating no significant differences were observed.

TABLE 59: CHARACTERISTICS OF ENLISTED ACTIVE COMPONENT ACCESSIONS IN 2010-2014 ENDING IN EPTS DISCHARGE: ALL SERVICES

	Accessions (n)	Discharges (n)	Discharges (%)	Crude RR	95% CI
Service					
Army (REF)	309,469	4,605	1.5	1.00	-
Navy	179,291	4,525	2.5	1.70	(1.63, 1.77)
Marine Corps	149,192	2,893	1.9	1.30	(1.24, 1.36)
Air Force	136,176	2,540	1.9	1.25	(1.19, 1.32)
Sex[§]					
Male (REF)	644,453	10,616	1.6	1.00	-
Female	129,675	3,947	3.0	1.85	(1.78, 1.92)
Age at Accession[§]					
17 – 20 (REF)	501,746	9,830	2.0	1.00	-
21 – 25	216,914	3,799	1.8	0.89	(0.86, 0.93)
> 25	55,455	934	1.7	0.86	(0.80, 0.92)
Race[§]					
White (REF)	568,392	10,885	1.9	1.00	-
Black	134,377	2,338	1.7	0.91	(0.87, 0.95)
Other	71,359	1,340	1.9	0.98	(0.93, 1.04)
Education Level[§]					
Below HS graduate [†]	244	11	4.5	2.31	(1.30, 4.12)
HS diploma (REF)	667,523	13,002	1.9	1.00	-
Some college	61,405	1,109	1.8	0.93	(0.87, 0.99)
Bachelor's or higher	44,829	440	1.0	0.50	(0.46, 0.55)
AFQT Score[§]					
93 – 99 (REF)	55,988	798	1.4	1.00	-
65 – 92	314,315	5,704	1.8	1.27	(1.18, 1.37)
50 – 64	217,311	4,484	2.1	1.45	(1.34, 1.56)
30 – 49	178,654	3,563	2.0	1.40	(1.30, 1.51)
11 – 29	1,509	14	0.9	0.65	(0.38, 1.10)
Medical Status					
Fully Qualified (REF)	671,909	11,591	1.7	1.00	-
Temporary DQ	28,359	704	2.5	1.44	(1.33, 1.55)
Permanent DQ	73,860	2,268	3.1	1.78	(1.70, 1.86)
Total	774,128	14,563	1.9		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Characteristics of enlisted reserve component accessions that ended in EPTS discharge are shown in Table 60. Navy (RR: 1.8; 95% CI: 1.6,2.2), Marine Corps (RR: 2.0; 95% CI: 1.8,2.3), and Air Force (RR: 2.2; 95% CI: 1.9,2.5) all had notably increased relative risk of EPTS discharge, compared to the Army. Other increased relative risk categories included: females (RR: 1.6; 95% CI: 1.4,1.8), AFQT scores of 50-64 (RR: 1.4; 95% CI: 1.1,1.8) and 30-49 (RR: 1.3; 95% CI: 1.0,1.7), and permanent DQ status (RR: 1.4; 95% CI: 1.2,1.7). Decreased relative risk categories included: other race (RR: 0.7; 95% CI: 0.6,0.9), and bachelor's or higher degree (RR: 0.6; 95% CI: 0.5,0.8). All other categories possessed a relative risk with a confidence interval that spanned the reference (1.00) value, indicating no significant differences were observed.

TABLE 60: CHARACTERISTICS OF ENLISTED RESERVE COMPONENT ACCESSIONS IN 2010-2014 ENDING IN EPTS DISCHARGE: ALL SERVICES

	Accessions (n)	Discharges (n)	Discharges (%)	Crude RR	95% CI
Service					
Army (REF)	69,348	478	0.7	1.00	-
Navy	14,348	182	1.3	1.84	(1.55, 2.18)
Marine Corps	27,239	381	1.4	2.03	(1.77, 2.32)
Air Force	18,192	271	1.5	2.16	(1.86, 2.51)
Sex[§]					
Male (REF)	100,452	898	0.9	1.00	-
Female	28,674	414	1.4	1.62	(1.44, 1.81)
Age at Accession[§]					
17 – 20 (REF)	80,883	811	1.0	1.00	-
21 – 25	30,857	304	1.0	0.98	(0.86, 1.12)
> 25	17,327	193	1.1	1.11	(0.95, 1.30)
Race[§]					
White (REF)	91,581	929	1.0	1.00	-
Black	27,154	306	1.1	1.11	(0.97, 1.26)
Other	10,392	77	0.7	0.73	(0.58, 0.92)
Education Level[§]					
Below HS graduate [†]	4,830	42	0.9	0.84	(0.62, 1.14)
HS diploma (REF)	101,920	1,054	1.0	1.00	-
Some college	13,734	159	1.2	1.12	(0.95, 1.32)
Bachelor's or higher	8,604	57	0.7	0.64	(0.49, 0.84)
AFQT Score[§]					
93 – 99 (REF)	8,116	67	0.8	1.00	-
65 – 92	49,301	448	0.9	1.10	(0.85, 1.42)
50 – 64	33,409	386	1.2	1.40	(1.08, 1.81)
30 – 49	35,582	385	1.1	1.31	(1.01, 1.70)
11 – 29	767	3	0.4	0.47	(0.15, 1.50)
Medical Status					
Fully Qualified (REF)	111,942	1,076	1.0	1.00	-
Temporary DQ	5,279	60	1.1	1.18	(0.91, 1.53)
Permanent DQ	11,906	176	1.5	1.54	(1.31, 1.80)
Total	129,127	1,312	1.0		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Characteristics of enlisted National Guard accessions that ended in EPTS discharge are shown in Table 61. Compared to the Army, the Air Force reported significantly fewer discharges, resulting in a lower relative risk (RR: 0.03; 95% CI: 0.01, 0.06). Significantly increased relative risk categories included: females (RR: 1.2; 95% CI: 1.1,1.3), education below high school graduate (RR: 1.3; 95% CI: 1.1,1.5), all AFQT scores of above the highest category (with exception of the score of 11-29, which had too wide a confidence interval to assume meaningful results), and all medical statuses that were not fully qualified (though temporary DQ status also had too wide confidence intervals to assume meaningful results). Significantly decreased relative risk categories included: black race (RR: 0.6; 95% CI: 0.5,0.7), other race (RR: 0.4; 95% CI: 0.3,0.6), some college education (RR: 0.7; 95% CI: 0.6,0.8), and bachelor's or higher education (RR: 0.5; 95% CI: 0.4,0.6). All other categories possessed a relative risk with a confidence interval that spanned the reference (1.00) value, indicating no significant difference was observed.

TABLE 61: CHARACTERISTICS OF ENLISTED NATIONAL GUARD COMPONENT ACCESSIONS IN 2010-2014 ENDING IN EPTS DISCHARGE: ARMY AND AIR FORCE

	Accessions (n)	Discharges (n)	Discharges (%)	Crude RR	95% CI
Service					
Army	176,363	1,843	1.0	1.00	-
Air Force	24,291	7	<0.1	0.03	(0.01, 0.06)
Sex[§]					
Male (REF)	157,485	1,401	0.9	1.00	-
Female	43,169	449	1.0	1.17	(1.05, 1.30)
Age at Accession[§]					
17 – 20 (REF)	132,225	1,222	0.9	1.00	-
21 – 25	44,978	442	1.0	1.06	(0.95, 1.18)
> 25	23,425	186	0.8	0.86	(0.74, 1.00)
Race[§]					
White (REF)	157,574	1,599	1.0	1.00	-
Black	34,555	213	0.6	0.61	(0.53, 0.70)
Other	8,525	38	0.4	0.44	(0.32, 0.61)
Education Level[§]					
Below HS graduate [†]	16,685	214	1.3	1.32	(1.15, 1.52)
HS diploma (REF)	142,662	1,385	1.0	1.00	-
Some college	28,945	194	0.7	0.69	(0.59, 0.80)
Bachelor's or higher	12,178	56	0.5	0.47	(0.36, 0.62)
AFQT Score[§]					
93 – 99 (REF)	12,662	59	0.5	1.00	-
65 – 92	71,842	512	0.7	1.53	(1.17, 2.00)
50 – 64	49,787	506	1.0	2.18	(1.67, 2.85)
30 – 49	62,156	753	1.2	2.60	(2.00, 3.39)
11 – 29	3,187	18	0.6	1.21	(0.72, 2.06)
Medical Status					
Fully Qualified (REF)	170,603	1,516	0.9	1.00	-
Temporary DQ	12,260	121	1.0	1.12	(0.92, 1.34)
Permanent DQ	17,791	213	1.2	1.32	(1.17, 1.55)
Total	200,654	1,850	0.9		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Disability Discharges in the First Year of Service

Tables 62-71 describe disability discharges within the first year of military service among enlisted Army, Navy, Marine Corps, and Air Force personnel who accessed in 2010 to 2015. Relative risks are used to compare the likelihood of having a disability discharge among demographic groups. The comparison group chosen for each comparison depends on the factor being considered. For factors with some inherent order (e.g. age group which ranges from younger to older) it is first or last group in that order as appropriate. Otherwise, the comparison group is generally the largest group.

Table 62 presents the number of disability discharges within the first year of service among individuals that accessed in the Army, Navy, Marine Corps and Air Force active component enlisted service in 2010 to 2015, by year. Results are shown for each year of accession. The highest rate of disability discharges (0.36%) occurred in 2010. Rates of disability discharge in the first year of service have decreased in each subsequent year. The number of disability discharges in the first year of service for accessions in 2015 is underestimated due lack of sufficient follow-up time.

TABLE 62: DISABILITY DISCHARGES FROM ACTIVE COMPONENT IN THE FIRST YEAR OF SERVICE AMONG 2010-2015 ACCESSIONS: ALL SERVICES

Year of accession	Accessed (n)	Discharged within one year of accession	
		n	%
2010	159,768	574	0.36
2011	152,683	456	0.30
2012	155,694	382	0.25
2013	165,967	479	0.29
2014	140,016	363	0.26
2015 [§]	146,557	45	0.03

[§]The rate of disability evaluation is underestimated due to lack of follow-up data on individuals accessed in 2015.

Table 63 presents the number of disability discharges within the first year of service reported among individuals that accessed into the Army, Navy, Marine Corps and Air Force reserve component enlisted service in 2010 to 2015, by year. Results are shown for each year of accession. The highest rate of disability discharges (0.18%) occurred in 2010. Rates of disability discharge have decreased in each subsequent year. The number of disability discharges in the first year of service for accessions in 2015 is underestimated due to lack of sufficient follow-up time.

TABLE 63: DISABILITY DISCHARGES FROM **RESERVE** COMPONENT IN THE FIRST YEAR OF SERVICE AMONG 2010-2015 ACCESSIONS: ALL SERVICES

Year of accession	Accessed (n)	Discharged within one year of accession	
		n	%
2010	28,347	52	0.18
2011	30,488	43	0.14
2012	24,323	20	0.08
2013	21,292	30	0.14
2014	24,677	29	0.12
2015 [§]	24,824	2	0.01

[§]The rate of disability evaluation is underestimated due to lack of follow-up data on individuals accessed in 2015.

Table 64 presents the number of disability discharges within the first year of service reported among individuals that accessed into the Army and Air Force National Guard enlisted service in 2010 to 2015, by year. Results are shown for each year of accession. The highest rate of disability discharges (0.19%) occurred in 2010. Rates of disability discharge in the first year of service have decreased in each subsequent year. The number of disability discharges in the first year of service for accessions in 2015 is underestimated due to lack of sufficient follow-up time.

TABLE 64: DISABILITY DISCHARGES FROM **NATIONAL GUARD** IN THE FIRST YEAR OF SERVICE AMONG 2010-2015 ACCESSIONS: ARMY AND AIR FORCE

Year of accession	Accessed (n)	Discharged within one year of accession	
		n	%
2010	46,183	88	0.19
2011	40,258	49	0.12
2012	42,134	24	0.06
2013	28,695	36	0.13
2014	43,384	33	0.08
2015 [§]	37,886	3	0.01

[§]The rate of disability evaluation is underestimated due to lack of follow-up data on individuals accessed in 2015.

Table 65 shows demographic characteristics, the total number of accessions, and the relative risk of having a disability discharge among active component enlistees in the Army, Navy, Marine Corps and the Air Force. Relative to the Army, disability discharge was significantly less likely among enlistees from all other services. Females were 2.52 times more likely to be disability discharged compared to males. Risk also increased significantly with increasing age. Being any race other than white showed decreased risk of being disability discharged.

In regards to education level, personnel with some college education were 1.46 times more likely to have a disability discharge compared to individuals with a high school diploma, while personnel with a bachelor's or above degree were less likely to have a disability discharge. There was no significant difference in the risk of disability discharge in any Armed Forces Qualification Test (AFQT) score group relative to those with the highest AFQT scores, the 93rd-99th percentile group. Those with any type of medical disqualification were at significantly higher risk of disability discharge in the first year of service relative those who were fully qualified.

TABLE 65: DISABILITY DISCHARGES FROM ACTIVE COMPONENT IN THE FIRST YEAR OF SERVICE AMONG 2010-2015 ACCESSIONS: ALL SERVICES

	Accessions (n)	Discharged (n)	Discharged (%)	Crude RR	95% CI
Service					
Army (REF)	366,565	1,311	0.36	1.00	-
Navy	215,022	145	0.07	0.19	(0.16 , 0.22)
Marine Corps	178,845	470	0.26	0.73	(0.66 , 0.82)
Air Force	160,253	373	0.23	0.65	(0.58 , 0.73)
Sex[§]					
Male (REF)	764,598	1,519	0.20	1.00	-
Female	156,087	780	0.50	2.52	(2.31 , 2.74)
Age at Accession[§]					
17 – 20 (REF)	602,781	1,378	0.23	1.00	-
21 – 25	254,040	671	0.26	1.16	(1.05 , 1.27)
> 25	63,851	250	0.39	1.71	(1.50 , 1.96)
Race[§]					
White (REF)	674,750	1,869	0.28	1.00	-
Black	162,459	310	0.19	0.69	(0.61 , 0.78)
Other	83,476	120	0.14	0.60	(0.43 , 0.62)
Education Level[§]					
Below HS graduate [†]	299	0	0	0	0
HS diploma (REF)	797,612	1,938	0.24	1.00	-
Some college	69,305	246	0.35	1.46	(1.28 , 1.67)
Bachelor's or higher	53,338	115	0.22	0.89	(0.74 , 1.07)
AFQT Score[§]					
93 – 99 (REF)	65,456	152	0.23	1.00	-
65 – 92	371,538	985	0.27	1.14	(0.96 , 1.35)
50 – 64	259,696	630	0.24	1.04	(0.88 , 1.25)
30 – 49	214,479	527	0.25	1.06	(0.88 , 1.27)
11 – 29	1,865	2	0.11	0.46	(0.11 , 1.86)
Medical Status					
Fully Qualified (REF)	798,521	1,875	0.23	1.00	-
Temporary DQ	32,729	130	0.40	1.69	(1.42 , 2.02)
Permanent DQ	89,435	294	0.32	1.40	(1.24 , 1.58)
Total	920,685	2,299	0.25		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Table 66 shows demographic characteristics, the total number of accessions, and the relative risk of having a disability discharge among reserve component enlistees in the Army, Navy, Marine Corps and the Air Force. Relative to the Army, disability discharge was significantly less likely among enlistees from the Navy and Air Force. The risk of discharge among Marines was more than twice that of the risk in the Army. Females were 1.88 times more likely to be disability discharged compared to males. Risk also increased with increasing age. The rate of disability discharge did not differ significantly when comparing races.

In regards to education level and AFQT scores, no significant differences in the risk of disability discharge were observed when comparing reserve component enlistees. No significant differences in the risk of disability discharge were observed when comparing fully qualified accessions to those with a history of disqualification.

TABLE 66: DISABILITY DISCHARGES FROM **RESERVE** COMPONENT IN THE FIRST YEAR OF SERVICE AMONG 2010-2015 ACCESSIONS: ALL SERVICES

	Accessions (n)	Discharged (n)	Discharged (%)	Crude RR	95% CI
Service					
Army (REF)	83,275	83	0.10	1.00	-
Navy	17,358	5	0.03	0.29	(0.12 , 0.71)
Marine Corps	32,466	74	0.23	2.29	(1.67 , 3.13)
Air Force	20,852	14	0.07	0.67	(0.38 , 1.19)
Sex[§]					
Male (REF)	119,469	114	0.10	1.00	-
Female	34,481	62	0.18	1.88	(1.38 , 2.57)
Age at Accession[§]					
17 – 20 (REF)	97,164	102	0.10	1.00	-
21 – 25	36,328	44	0.12	1.15	(0.81 , 1.64)
> 25	20,398	30	0.15	1.40	(0.93 , 2.10)
Race[§]					
White (REF)	108,032	132	0.12	1.00	-
Black	32,848	30	0.09	0.75	(0.50 , 1.11)
Other	13,071	14	0.11	0.88	(0.51 , 1.52)
Education Level[§]					
Below HS graduate [†]	5,833	0	0	0	0
HS diploma (REF)	121,914	144	0.12	1.00	-
Some college	15,439	20	0.13	1.10	(0.69 , 1.75)
Bachelor's or higher	10,726	12	0.11	0.95	(0.53 , 1.71)
AFQT Score[§]					
93 – 99 (REF)	9,595	12	0.13	1.00	-
65 – 92	58,884	71	0.12	0.96	(0.52 - 1.78)
50 – 64	39,946	39	0.10	0.78	(0.41 , 1.49)
30 – 49	42,649	53	0.12	0.99	(0.53 , 1.86)
11 – 29	803	1	0.12	1.00	(0.13 , 7.66)
Medical Status					
Fully Qualified (REF)	133,679	152	0.11	1.00	-
Temporary DQ	6,064	4	0.07	0.58	(0.22 , 1.57)
Permanent DQ	14,208	20	0.14	1.24	(0.78 , 1.97)
Total	153,951	176	0.11		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Table 67 shows demographic characteristics, the total number of accessions, and the relative risk of having a disability discharge among National Guard enlistees in the Army and Air Force. Relative to the Army, disability discharge was significantly less likely among enlistees from the Air Force. Females were 3.26 times more likely to be disability discharged compared to males. Risk also increased with increasing age and was significant in those older than 25. Risk of disability discharge was twice as likely among enlistees with an AFQT score in the 50th-64th percentile than the 93rd-99th percentile. No significant differences in the risk of disability discharge were observed in National Guard enlistees by race, education, or medical status at application.

TABLE 67: DISABILITY DISCHARGES FROM NATIONAL GUARD IN THE FIRST YEAR OF SERVICE AMONG 2010-2015 ACCESSIONS: ARMY AND AIR FORCE

	Accessions (n)	Discharged (n)	Discharged (%)	Crude RR	95% CI
Service					
Army (REF)	210,090	226	0.11	1.00	-
Air Force	28,450	7	0.02	0.23	(0.11 , 0.49)
Sex[§]					
Male (REF)	186,455	122	0.07	1.00	-
Female	52,085	111	0.21	3.26	(2.52 , 4.21)
Age at Accession[§]					
17 – 20 (REF)	158,646	114	0.07	1.00	-
21 – 25	52,678	51	0.10	1.35	(0.97 , 1.87)
> 25	27,189	68	0.25	3.48	(2.58 - 4.70)
Race[§]					
White (REF)	185,700	190	0.10	1.00	-
Black	42,435	38	0.09	0.88	(0.62 , 1.24)
Other	10,405	5	0.05	0.47	(0.19 , 1.14)
Education Level[§]					
Below HS graduate [†]	19,986	13	0.07	0.67	(0.38 , 1.17)
HS diploma (REF)	170,455	166	0.10	1.00	-
Some college	33,398	41	0.12	1.26	(0.90 , 1.77)
Bachelor's or higher	14,503	13	0.09	0.92	(0.52 , 1.62)
AFQT Score[§]					
93 – 99 (REF)	14,911	9	0.06	1.00	-
65 – 92	84,500	72	0.09	1.41	(0.71 , 2.82)
50 – 64	58,517	71	0.12	2.01	(1.00 , 4.02)
30 – 49	75,131	79	0.11	1.74	(0.87 , 3.47)
11 – 29	4,371	1	0.02	0.38	(0.05 , 3.00)
Medical Status					
Fully Qualified (REF)	203,140	190	0.09	1.00	-
Temporary DQ	14,230	18	0.13	1.35	(0.83 , 2.19)
Permanent DQ	21,170	25	0.12	1.26	(0.83 , 1.92)
Total	238,540	233	0.10		

RR: Relative Risk; CI: Confidence Interval; HS: High School; AFQT: Armed Forces Qualification Test; DQ: Disqualification; REF: Referent Group

[§] Individuals with missing values for demographic variables are included in the total.

[†] Encompasses the following: 1) those pursuing completion of the GED or other test-based high school equivalency diploma, vocational school, or secondary school, etc; 2) those not attending high school and who are neither a high school graduate nor an alternative high school credential holder; 3) one who is attending high school and is not yet a senior.

Tables 68-71 show the 10 most common diagnoses for enlisted personnel who accessed from 2010 to 2015 and had a disability discharge within the first year of service. Results are shown by service, regardless of component.

The majority of Army enlistees disability discharged (Table 68) were diagnosed with conditions falling within two musculoskeletal categories: impairment, limitation and ankylosis of the joint, spine, skull limbs and extremities (63%); and prosthetic implants and diseases of the musculoskeletal system (27%). Only 5% of disability discharges from the Army were for the third most common condition category: affective and non-psychotic mental disorders.

Among Navy disability discharges (Table 69) the leading disability diagnosis was impairment, limitation and ankylosis of the joint, spine, skull, limbs and extremities (35%) followed by affective and non-psychotic mental disorders (16%). About 12% of disability discharges in the Navy were related to the third leading disability category, prosthetic implants and diseases of the musculoskeletal system

The largest diagnosis category among Marine Corps enlistees who were disability discharged (Table 70) was impairment limitation and ankylosis of the joints, spine, skull, limbs and extremities (58%). Prosthetic implants and diseases of the musculoskeletal system was the second leading category (13%). Only 7% of disability discharges from the Marine Corps were for the third most common condition: diseases of the peripheral nerves.

In the Air Force the most common reason for disability discharge (Table 71) was the same as the other three services: impairment limitation and ankylosis of the joints, spine, skull, limbs and extremities (34%) followed by prosthetic implants and diseases of the musculoskeletal system (18%). The third leading cause of disability in the first year of Air Force service was affective and non-psychotic mental disorders (11%).

TABLE 68: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES AMONG FIRST-TIME ENLISTED PERSONNEL IN THE FIRST YEAR OF SERVICE FOR 2010-2015 ACCESSIONS: ARMY

Diagnosis category	2010-2015	
	n	% [§]
Impairment, limitation and ankylosis of joints, spine, skull, limbs and extremities	1,010	62.77
Prosthetic implants and diseases of the musculoskeletal system	441	27.41
Affective and non-psychotic mental disorders	77	4.79
Diseases of the peripheral nerves	69	4.29
Miscellaneous neurological disorders	26	1.62
Diseases of the digestive system	22	1.37
Organic diseases of the central nervous system	22	1.37
Diseases of the endocrine system	21	1.31
Muscle injuries	21	1.31
Diseases of the trachea and bronchi	20	1.24
Total individuals	1,609	

[§]Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

TABLE 69: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES AMONG FIRST-TIME ENLISTED PERSONNEL IN THE FIRST YEAR OF SERVICE FOR 2010-2015 ACCESSIONS: NAVY

Diagnosis category	2010-2015	
	n	% [§]
Impairment, limitation and ankylosis of joints, spine, skull, limbs and extremities	52	35.14
Affective and non-psychotic mental disorders	23	15.54
Prosthetic implants and diseases of the musculoskeletal system	18	12.16
Convulsive disorders	15	10.13
Diseases of the digestive system	12	8.11
Diseases of the peripheral nerves	8	5.41
Schizophrenia and other psychotic disorders	7	4.73
Organic diseases of central nervous system	6	4.05
Diseases of the heart	4	2.70
Diseases of the endocrine system	3	2.02
Total individuals	148	

[§]Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

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TABLE 70: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES AMONG FIRST-TIME ENLISTED PERSONNEL WITHIN THE FIRST YEAR OF SERVICE FOR 2010-2015: MARINE CORPS

Diagnosis category	2010-2015	
	n	% [§]
Impairment, limitation and ankylosis of joints, spine, skull, limbs and extremities	313	57.86
Prosthetic implants and diseases of the musculoskeletal system	73	13.49
Diseases of the peripheral nerves	36	6.65
Convulsive disorders	22	4.07
Diseases of the digestive system	20	3.70
Affective and non-psychotic mental disorders	17	3.14
Organic diseases of central nervous system	14	2.59
Schizophrenia and other psychotic disorders	14	2.59
Diseases of the endocrine system	13	2.40
Diseases of the genitourinary system	13	2.40
Total individuals	541	

[§]Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

TABLE 71: DIAGNOSIS CATEGORIES FOR DISABILITY DISCHARGES AMONG FIRST-TIME ENLISTED PERSONNEL WITHIN THE FIRST YEAR OF SERVICE FOR 2010-2015: AIR FORCE

Diagnosis category	2010-2015	
	n	% [§]
Impairment, limitation and ankylosis of joints, spine, skull, limbs and extremities	133	33.84
Prosthetic implants and diseases of the musculoskeletal system	69	17.56
Affective and non-psychotic mental disorders	42	10.69
Schizophrenia and other psychotic disorders	33	8.40
Diseases of the trachea and bronchi	31	7.89
Muscle injuries	21	5.34
Convulsive disorders	18	4.58
Diseases of the peripheral nerves	16	4.07
Diseases of the digestive system	15	3.82
Miscellaneous neurological disorders	10	2.54
Total individuals	393	

[§]Represents the proportion of individuals evaluated for disability who were evaluated for each disability type.

Data Sources

The Accession Medical Standards Analysis and Research Activity (AMSARA) requests and receives data from various sources, most of which are the primary collection agencies for the data they provide to AMSARA. Because data are seldom collected with the goal of epidemiologic study, AMSARA coordinates with the appropriate points of contact to ensure that the following major data sources needed for AMSARA studies are in an appropriate form for epidemiologic work.

As mentioned under “Charter and Supporting Documents,” AMSARA maintains strict confidentiality of all data it receives. No external access to the data is allowed, and internal access is limited to a small number of primary analysts on an as-necessary basis. Research results are provided only at the aggregate level, with no possibility of individual identification.

Initial Entry Application and Physical Exam at MEPS

AMSARA receives data on all applicants who undergo an accession medical examination at any of the 65 Military Entrance Processing Stations (MEPS) sites. These data, provided by US Military Entrance Processing Command (USMEPCOM), North Chicago, IL, contain several hundred demographic, medical, and administrative elements on recruit applicants for each applicable branch (regular enlisted, reserve, National Guard) of each service (Air Force, Army, Coast Guard, Marines, and Navy). These data also include records on a relatively small number of officer recruit applicants and other non-applicants receiving periodic physical examinations.

The MEPS records provide extensive medical examination information, including date of examination, medical qualification status, medical disqualification codes (where relevant), medical conditions observed by or reported to physicians, and any waiver requirements. Medical conditions among applicants fall into two categories, temporary (condition that can be remediated, e.g., being overweight) or permanent (condition that remains with the applicant, e.g., history of asthma). For those applicants with a permanent disqualification due to a permanent condition, an accession medical waiver from a service-specific waiver authority is required for the applicant to be eligible for accession into the service. Results of some specific tests are also extracted from the MEPS records including those for hearing/vision, alcohol/drug use, and measurements of height, weight, and blood pressure.

Gain and Loss Files

The Defense Manpower Data Center (DMDC) provides data on individuals entering military service (gain or accession) and on individuals exiting military service (loss or discharge). Gain and loss data, which are AMSARA’s primary sources of information about who is, or has been, in the military, include when an individual began duty and when or if an individual exited the military. From this information the length of service can be determined for any individual entering and leaving during the periods studied.

Gain data include approximately 50 variables. Of these, AMSARA has identified 25 of primary interest: personal identifiers (e.g., name and SSN) for linking with other data; demographics such as age, education, and Armed Forces Qualification Test (AFQT) score at the time of accession; and service information including date of entry, Unit Identification Code (UIC) of initially assigned unit, initially assigned Military Occupation Specialty code (MOS), and Initial Entry Training (IET) site. These data are combined with MEPS data to determine accession percentages among applicants by demographic and other variables. Also, these linked data are used in epidemiologic investigations related to the military's accession medical standards.

Loss data also include approximately 50 variables, many of which are the same as those found in the gain file, although they reflect the individual's status at the time of loss rather than at the time of gain. The variables of primary interest to AMSARA are personal identifiers for linking with other data, the loss date for computing length of service, the UIC and MOS for grouping service members by occupation, and the Inter-service Separation Code (ISC) as a secondary source of the reason for leaving the military. These data serve as the primary source of information on all-cause attrition from the service and are linked with the MEPS and gain data for studies of attrition.

Accession Medical Waiver

AMSARA receives records on all active and reserve component recruits who were considered for an accession medical waiver, i.e., those who received a permanent medical disqualification at the MEPS and sought a waiver for that disqualification. Each service is responsible for making waiver decisions about its applicants. Data on these waiver considerations are generated and provided to AMSARA by each service waiver authority. Although the specifics of these data vary by service, they generally contain identifiers (e.g., name and SSN) for linking with other data and information about the waiver consideration including the medical condition(s) for which an individual was seeking a waiver and the final decision of the waiver authority. Air Force waiver data are provided by the Air Education and Training Command (Randolph Air Force Base, TX); Army data are provided by the U.S. Army Recruiting Command (Fort Knox, KY); Marine Corps data are provided by the U.S. Navy Bureau of Medicine and Surgery (Washington, DC); and Navy data are provided by Naval Recruiting Command (Millington, TN).

Hospitalization

Data on hospitalizations are obtained from the Military Health Systems Data Repository (MDR) annually. These data contain information on admissions of active duty officers and enlisted personnel to any military hospital; this includes individuals in the reserve component and National Guard who are activated or who have been activated within 6 months prior to admission. Information on each visit includes SSN for linking with other data, demographic characteristics (e.g., sex, age, and race), and details about the hospitalization. In particular, the medical diagnoses associated with the hospitalization is coded according to the ICD-9. Date of admission, date of disposition, number of sick days, number of bed days, and indicators of the medical outcome are also included.

EPTS Discharges

Discharges for medical conditions that existed prior to service (EPTS) are of vital interest to AMSARA. A discharge for a medical condition can be classified as an EPTS discharge if the condition was verified to have existed before the recruit began service and if the complications leading to discharge arose no more than 180 days after the recruit began duty. USMEPCOM requests a copy of official paperwork on all EPTS discharges and records certain information about each. This information includes a general medical categorization (20 categories) of the reason(s) for discharge and a judgment on each discharge regarding why (i.e., concealment, waiver, or unawareness) the person was not rejected for service on the basis of the preexisting condition at application. Beginning in August 1996, this paperwork has been forwarded by USMEPCOM to AMSARA for additional data extraction, including more specific coding of medical conditions leading to discharge.

The primary limitation of the EPTS discharge data is completeness. Table 3.1 summarizes the numbers of records provided to AMSARA from 2010-2014. The Marine Corps training site in San Diego has historically not provided EPTS discharge records since 2006, but has started as of 2014. In the Army, Ft. Jackson, and Ft. Leonard Wood have provided 0 (or close to 0) EPTS records to AMSARA for 2012-2014. Ft. Knox stopped providing EPTS records in 2012 when the Army closed IET at Ft. Knox. Overall, the numbers of records have been unstable and underreported over time for most IET sites. While some variability in numbers of EPTS records over time is expected, underreporting is clearly a major source of fluctuation.

TABLE 72: EPTS DISCHARGE DATA REPORTED TO USMEPCOM BY TRAINING SITE AND YEAR[†]

Service	Training Site	Fiscal Year of EPTS Discharge					Total
		2010	2011	2012	2013	2014	
Army	Fort Benning	520	866	885	781	227	3,279
	Fort Jackson	606	838	1	5	3	1,453
	Fort Knox	286	138	0	0	0	424
	Fort Leonard Wood	804	873	240	2	0	1,919
	Fort Sill	185	299	133	150	182	949
Navy	Great Lakes	1,530	1,504	1,863	399	3	5,299
Marine Corps	Parris Island	772	861	653	745	517	3,548
	San Diego	0	0	0	0	128	128
Air Force	Lackland AFB	680	655	409	602	738	3,084
Coast Guard	Cape May	165	220	131	88	115	719
Total		5,548	6,254	4,315	2,772	1,913	20,802

[†] Numbers may not sum to totals shown in Section 2 because information from specific training sites is incomplete and other requirements for records are different.

Disability Discharges

Data on disability discharge considerations are compiled separately for each service at its disability agency. The U.S. Army Physical Disability Agency has provided data on Army disability evaluations during 1995-2014 and continues to provide these data. The Air Force Personnel Center has provided data on the first evaluation for all individuals who received a final disposition of separation or retirement (i.e. fit dispositions, retained on the temporary disability retirement list not included) for the first time during the period of 1995–2010, but only provides data on all evaluations from the period of 2007-2014. Data from the Secretary of the Navy, Council of Review Boards, including all disability discharge considerations for the Navy and Marine Corps, are available from 2000 to 2014.

All disability agencies provide information on all disability cases considered, including personal identifiers (e.g., name and SSN), program (e.g., regular enlisted, academy, or officer), date of consideration, and disposition (e.g., permanent disability, separation with or without benefits, temporary disability, or return to duty as fit). For individuals receiving a disability discharge, medical condition codes and degree of disability (rating) are also included. The medical condition(s) involved in each case are described using the condition codes of the Veterans Affairs Schedule for Rating Disabilities (VASRD). This set is less comprehensive than the ICD-9 codes. In some cases the disabling condition has no associated code, so the code most closely resembling the true condition is used. AMSARA therefore only uses broad categories of disability condition codes, defined in Table 3.2, rather than attempting to interpret specific codes.

TABLE 73: VASRD CODE GROUPINGS

VASRD code	Conditions encompassed	VASRD code	Conditions encompassed
5000 - 5099	Prosthetic Implants and diseases of the musculoskeletal system	7300 - 7399	Diseases of the digestive system
5100 - 5199	Amputation or anatomical loss of upper and lower extremities	7500 - 7599	Diseases of the genitourinary system
5200 - 5299	Impairment, limitation, ankylosis of joints, spine, skull, limbs, and extremities	7600 - 7699	Gynecological conditions and disorders of the breast
5300 - 5399	Muscle injuries	7700 - 7799	The hemic and lymphatic systems
6000 - 6099	Diseases of the Eye or loss of vision	7800 - 7899	Diseases of the skin
6200 - 6269	Diseases of the Ear	7900 - 7999	Diseases of the endocrine system
6270 - 6279	Diseases of other sense organs (smell and taste)	8000 - 8099	Organic Diseases of the Central Nervous System
6280 - 6299	Other and unspecified disorders of the sensory organs	8100 - 8199	Miscellaneous neurological disorders
6300 - 6399	Infectious diseases, immune disorders, and nutritional deficiencies	8200 - 8499	Diseases of the cranial nerves
6500 - 6599	Diseases of the nose and throat	8500 - 8799	Diseases of the peripheral nerves
6600 - 6699	Diseases of the trachea and bronchi	8900 - 8999	Convulsive disorders
6700 - 6799	Tuberculosis	9200 - 9299	Schizophrenia and other psychotic disorders
6800 - 6899	Diseases of the respiratory system	9300 - 9399	Organic psychotic disorders
7000 - 7099	Diseases of the heart	9400 - 9599	Affective and nonpsychotic mental disorders
7100 - 7199	Diseases of the arteries and veins	9900 - 9999	Dental and oral conditions
7200 - 7299	Injury to the mouth, lips, tongue, and esophagus		

Charter and Supporting Documents

HA Control #: NONE
Due Date: NONE

February 28, 1995

ASSISTANT SECRETARY OF DEFENSE
(HEALTH AFFAIRS)
EXECUTIVE SUMMARY/COVER BRIEF

MEMORANDUM FOR THE ASSISTANT SECRETARY OF DEFENSE
(HEALTH AFFAIRS)

THROUGH: *Jm* Dr. Sue Bailey, DASD (CS)

FROM: Action Officer, Colonel Ed Miller

SUBJECT: Accession Medical Standards Analysis and Research
Activity (AMSARA)

PURPOSE: SIGNATURE--on request that the Assistant Surgeon
General of the Army (Research and Development)
establish an Accession Medical Standards Analysis
and Research Activity (AMSARA).

DISCUSSION:

The Accessions Medical Standards Working Group which met over the summer sponsored through MFIM funding completed a functional economic analysis of the medical accessions examination process. One of the critical recommendations made by the Group was to establish a research activity to provide the Medical Accessions Standards Council (also recommended) with an evidence-based analysis of DoD accessions medical standards. The memorandum tasks the Army with the responsibility of establishing the activity resourced under the Defense Health Program. This has already been staffed with the Assistant Surgeon General of the Army (Research and Development)

RECOMMENDATION:
Sign tasking memorandum to Army Surgeon General.

✓ COORDINATION:
✓ Mr. Conte, PDUSD(P&R) _____
Mr. Maddy, HB&P: See attached memo
✓ Mr. Richards, EO: _____
Dr. Martin, PDASD: _____

CHARTER & DOCUMENTS

CHARTER AND SUPPORTING DOCUMENTS



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

DEC 06 1995

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY

SUBJECT: Military Medical Standards Analysis and Evaluation Data Set

The personnel community has asked OASD/HA to develop a fact based accessions policy to minimize medical attrition, quantitate risk in medical waivers, and to defend accession decisions when challenged.

The offices of Clinical Services and Military Personnel Policy have worked closely with epidemiologists at Walter Reed Army Institute of Research on the concept of a Military Medical Standard Analysis and Evaluation Data Set (MMSABDS) to apply quantitative analysis to a longitudinal data base.

The Army Center for Health Promotion and Preventive Medicine (CHPPM) maintains a data base of personnel, hospitalization, deployment and separation information for all Services. I would like WRAIR, in coordination with CHPPM, to serve as consultants to the Accession Medical Standard Steering Committee, modify and maintain the data base, and coordinate field research to answer specific questions germane to accession policy.

Therefore, I request that, by the end of December 1995, a proposal be submitted through you from WRAIR, outlining the consultant role and modifications needed to the data base. This should include funding requirements.

Edward D. Martin /br
Stephen C. Joseph, M.D., M.P.H.

cc:
Commander WRAIR

**MEDICAL PERSONNEL EXECUTIVE STEERING
COMMITTEE (MEDPERS)****CHARTER****I. ESTABLISHMENT, PURPOSE, AND SCOPE****A. ESTABLISHMENT**

The Under Secretary of Defense for Personnel and Readiness establishes a Medical and Personnel Executive Steering Committee, hereafter referred to as the “MEDPERS.” The MEDPERS shall be co-chaired by the Deputy Assistant Secretary of Defense, Military Personnel Policy and the Principal Deputy Assistant Secretary of Defense, Health Affairs.

B. PURPOSE

To bring together leaders from the Medical and Personnel communities for the development, discussion, and disposition of common issues requiring resolution. The Committee’s focus shall be the nexus of medical and personnel systems that impact the total force: Department of Defense (DoD) and Coast Guard civilian, active duty, and Reserve Component members and their families, as well as those seeking entry into the Armed Forces and those who must depart prior to completion of an enlistment or career.

The primary purposes of the MEDPERS are to:

1. Integrate the medical and personnel policy guidance for civilian and military personnel for optimal readiness at the most cost effective use of resources;
2. Establish military accession, deployment, and retention medical standards, and develop policy from evidence-based information provided by analysis and research, designed to recruit, retain, and deploy personnel who will operationally perform with the best physical and medical outcomes. This will assure a cost-efficient force of healthy members in service, capable of completing training and maintaining worldwide deployability;
3. Advance health promotion, safety, and injury/illness prevention policy initiatives for the total force that are consistent with Service readiness requirements and informed by research;
4. Receive information and recommendations from assigned panels that support the fitness of the total force and make recommendations to higher authority; and
5. Advocate the policy for individual location reporting during deployment and when indicated during other health related events.

MEDPERS CHARTER

C. SCOPE OF ACTIVITY

1. Provide policy oversight and guidance to the medical/physical standards setting process for accession, deployment, and retention:
 - (a) Direct research and studies necessary to produce evidenced-based accession, deployment, and retention standards making the best use of resources, utilizing the Accession Medical Standards Analysis and Research Activity (AMSARA);
 - (b) Ensure medical and personnel community coordination when formulating policy changes related to standards for accession, retention, and deployment;
 - (c) Oversee the Accession Medical Standards Working Group (AMSWG) in the common application of accession medical standards as outlined in Department of Defense Instruction (DoDI) 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services;"
 - (d) Recommend legislative proposals concerning accession, retention, and separation medical/physical processing in accordance with DoD's legislative process;
 - (e) Review, analyze, formulate, and implement policy concerning the accession physical examination and separation assessments;
 - (f) Resolve conflicts in adoption of accession, retention, and separation medical/physical standards and policies among the Military Services and other authorized agents; and
 - (g) Review, analyze, formulate, and implement policy concerning the requirement to report daily locations on deployed personnel (DoDI 6490.03, "Deployment Health") and when indicated during other health related events.
2. Endorsement of uniform, comprehensive health promotion, and safety and injury/illness prevention policies and programs, predicated on research results and documented best practice where available, that when implemented consistently throughout the departments will measurably improve the health and safety status of individuals and populations:
 - (a) Identify and support strategically critical department prevention initiatives, promote their development and implementation, and champion these initiatives;
 - (b) Involve medical, line and community leaders, and organizations to support a culture of wellness and health promotion that preserves human resources and supports force health protection throughout the departments;

MEDPERS CHARTER

- (c) Identify ways to involve personnel, family members, retirees, and other beneficiary groups in a culture that supports health, fitness, and wellness; and
- (d) Support and monitor results of research to improve human performance, health, safety, personal protective, and monitoring equipment.
- 3. Interface with other relevant DoD and Department of Homeland Security, and Department of Health and Human Services organizations on issues pertinent to the MEDPERS mission.
- 4. Provide a forum through which various directed working groups such as the AMSWG, committees such as the Joint Program Committees for Medical Research and Development, Addictive Substance Misuse Advisory Committee (ASMAC), activities such as the AMSARA and councils such as the Psychological Health Council, the DoD Nutrition Committee, and the Force Health Protection Integrating Council present their findings and recommendations.
- 5. Recommend promulgation and revisions of DoD directives and issuance of other policy guidance as appropriate.
- 6. Maintain and distribute records and minutes of MEDPERS meetings.

II. ORGANIZATION

- A. The MEDPERS will report to the Under Secretary of Defense for Personnel and Readiness as appropriate. The MEDPERS will convene semiannually, at a minimum, and at the discretion of the Co-Chairpersons.
- B. The MEDPERS members provide ongoing liaison with their respective organizations concerning matters of medical/physical accession policy. Members shall be full-time or permanent part-time employees of the military.
- C. The MEDPERS shall be composed of the following:
 - 1. Deputy Assistant Secretary of Defense for Military Personnel Policy (DASD(MPP)),
 - 2. Principal Deputy Assistant Secretary of Defense for Health Affairs (PDASD(HA)),
 - 3. Deputy Assistant Secretary of Defense for Civilian Personnel Policy,
 - 4. Deputy Assistant Secretary of Defense for Reserve Manpower and Personnel,

MEDPERS CHARTER

5. Deputy Assistant Secretary of Defense for Clinical and Program Policy,
6. Deputy Assistant Secretary of Defense for Force Health Protection and Readiness,
7. Surgeon General of the Army,
8. Surgeon General of the Navy,
9. Surgeon General of the Air Force,
10. Director Health Services, Headquarters United States Marine Corps (USMC),
11. Coast Guard (CG) Director, Health, Safety and Work-Life, CG-11,
12. Deputy Chief of Staff for Personnel Army,
13. Deputy Chief of Staff for Personnel Navy,
14. Deputy Chief of Staff for Personnel Air Force,
15. Assistant Secretary of the Army, Manpower and Reserve Affairs,
16. Assistant Secretary of the Navy, Manpower and Reserve Affairs,
17. Assistant Secretary of the Air Force, Manpower and Reserve Affairs,
18. Deputy Chief of Staff for Personnel, USMC,
19. CG Director Reserve and Military Personnel, CG-13,
20. Joint Staff, Surgeon, and
21. Joint Staff, Director Manpower and Personnel

D. The DASD(MPP) and the PDASD(HA) shall provide individuals to serve as executive secretaries for the MEDPERS.

E. The DASD(MPP) and the PDASD(HA) shall provide individuals to co-chair the AMSWG. AMSWG will be comprised of representatives from the Services Surgeon General Offices and the Services Personnel community to receive and review medical issues pertinent to accession.

MEDPERS CHARTER

F. The Medical Standards Working Group established by the DASD(MPP) and the PDASD(HA) shall ensure consistent application of accession, retention, and separation medical/physical standards and policies among the Military Services, while consolidating research and studies necessary to produce evidenced-based decisions, and providing the best use of resources.

G. The Commander, United States Military Entrance Processing Command; the Director, Department of Defense Medical Examination Review Board; and Deputy Assistant Secretary of Defense Warrior Care Policy shall serve as advisors to the MEDPERS.

H. The MEDPERS may invite consultants (for example; training, recruiting, and epidemiology, etcetera) at the discretion of the Chairpersons.



Erin C. Conaton
Under Secretary of Defense
Personnel and Readiness

Frequently Used Acronyms

AFQT	Armed Forces Qualification Test
AMSARA	Accession Medical Standards Analysis and Research Activity
AMSWG	Accession Medical Standards Working Group
ARI	Army Research Institute for the Behavioral and Social Sciences
BUMED	Navy Bureau of Medicine and Surgery
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DQ	Disqualified
EPTS	Existed Prior to Service
FY	Fiscal Year
IET	Initial Entry Training
ICD-9	<i>International Classification of Diseases</i> , 9 th Revision
ISC	Interservice Separation Code
MEPS	Military Entrance Processing Station
MOS	Military Occupation Specialty
OMF	Other Medical Failure
SSN	Social Security Number
USAREC	U.S. Army Recruiting Command
USMEDCOM	U.S. Medical Command
USMEPCOM	U.S. Military Entrance Processing Command
VASRD	Veterans Affairs Schedule for Rating Disabilities
WRAIR	Walter Reed Army Institute of Research

ACRONYMS



Accession Medical Standards Analysis & Research Activity

Preventive Medicine Branch
Walter Reed Army Institute of Research
503 Robert Grant Avenue
Forest Glen Annex
Silver Spring, MD 20910
<http://www.amsara.amedd.army.mil>

See Attachments

For

Accession Medical Standards Analysis & Research Activity

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Supplemental Tables

Army Applicants and Accessions

Air Force Applicants and Accessions

Navy Applicants and Accessions

Marines Applicants and Accessions